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ABSTRACT

This Kids Count report is the third in a series examining statewide trends in the well-being of Indiana's children. The report combines statistics of special concern in Indiana with 10 national Kids Count well-being indicators: (1) percent low birthweight; (2) infant mortality rate; (3) child death rate; (4) birth rate to unmarried teens ages 15 to 17; (5) juvenile violent crime arrest rate; (6) percent of teens who are high-school dropouts; (7) percent of teens ages 16 to 19 not attending school and not working; (8) teen violent death rate; (9) child poverty rate; and (10) percent of families headed by single parents. After an introduction and an explanation of the statistics, sections of the report contain data in the following areas: (1) Indiana's children and their families (population estimates, ethnicity); (2) economic well-being (unemployment, youth in labor force, youth unemployment, School To Work Initiative); (3) poverty (poverty rate, programs to assist poor families, welfare reform); (4) child abuse and neglect (fatalities, child protection system, Marion County consent decree, Children's Trust Fund); (5) education (high school graduation, dropouts, retention, postsecondary education plans); (6) health (prenatal care, low birthweight, immunizations, lead poisoning, mental health, health insurance); (7) infant, child, and teen deaths; (8) teens' high-risk behaviors (sexual behavior, pregnancy, substance abuse); and (9) juveniles and the law (Uniform Crime Report, teens as victims). The report notes that although most of Indiana's children are doing well, the safety net for poor or troubled children is fragile. The report's appendix presents indicators, data sources, and data tables. (Contains 112 footnotes.) (KB)

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Kids Count in Indiana

1996 Data Book

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About Kids Count in Indiana

Kids Count in Indiana is one of 51 initiatives designed to bring together the best available data to create profiles of the health and economic, educational and social well-being of the children in each state and the District of Columbia. Supported by the Annie E. Casey Foundation, the KIDS COUNT project has developed a set of national statistical indicators chosen to help Americans better understand the problems faced by today's young people and to foster greater commitment to improving outcomes for vulnerable children and their families.

The **Kids Count in Indiana** initiative, now in its fourth year, is administered by the Indiana Youth Institute. Kids Count in Indiana seeks to

- inform the public and policymakers about the needs of Indiana's children,
- advocate for the agencies and adult professionals who work on behalf of Hoosier youth,
- inform policymakers about the need for high-quality, timely information, and
- inform and empower young people to be advocates on their own behalf.

The ***Kids Count in Indiana*** *1996 Data Book* is the third annual profile of child well-being in Indiana. The Indiana data book attempts to include the core set of 10 national KIDS COUNT indicators for each of Indiana's 92 counties. In 1995 these indicators included: percent babies born at low birthweight; infant mortality rate; child death rate; the number of births to unmarried teens per 1,000 females ages 15 to 17; juvenile violent crime arrest rate; percent of teens who are high-school dropouts; percent of teens ages 16 to 19 not attending school and not working; teen violent death rate; percent children in poverty; and percent of families with children headed by a single parent. Not all of these indicators are available at the county level for a recent year. For some indicators, we are still relying on six-year-old data from the 1990 U.S. Census as the most recent county-level statistics available.

The national KIDS COUNT indicators have been supplemented by statistics related to issues of special concern in the state of Indiana. The data vary in timeliness. Some statistics are available for the fiscal year (FY) that ended June 30, 1995; others are less up-to-date, but in every case, they were the most current data available at the time this publication was prepared. For example, final vital statistics (pregnancy, birth and death data) for 1993 were not available. Provisional state-level information from several sources has been used, but county-level statistics were not available. When the final vital statistics become available later in 1996, we will publish a supplement to this data book. Statewide statistics are included in the text; statistics for each of Indiana's 92 counties are included in tables in the Appendix. A section describing each indicator and its source precedes the county-level data tables.

The ***Kids Count in Indiana*** *1996 Data Book* continues the Indiana Youth Institute's commitment to compiling and disseminating accurate statistical information about young Hoosiers and their families. As a state, Indiana still has not invested adequately in technology for data collection and analysis systems or in enough personnel to meet growing demands for information. We continue to share data producers' and users' frustrations with the quality of some of the data and with the time lag between the collection of the data and the time information becomes available for use.

Acknowledgments

The ***Kids Count in Indiana*** *1996 Data Book* could not have been produced without the help of many people who supplied information and reviewed the text. We wish to thank the Family and Social Services Administration, Department of Correction, State Department of Health, Department of Education, Department of Workforce Development, Division of State Court Administration of the Supreme Court of Indiana, Office of the Governor, and the Indiana State Data Center. We thank also the staff of the Indiana Business Research Center at the Indiana University School of Business, Indiana Education Policy Center, Federal Bureau of Investigation, the Indiana Prevention Resource Center and the **Kids Count in Indiana** Steering Committee.

Special thanks go also to colleagues at the Indiana Youth Institute who helped "get the numbers right" and made this a more interesting and readable report.

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Copies of this publication may be purchased for $12, plus $3 for postage and handling, from the Indiana Youth Institute, 3901 N. Meridian Street, Suite 200, Indianapolis, Indiana 46208-4046. Quantity discounts available.

About the Indiana Youth Institute

We believe that the state of Indiana can and should become a state that genuinely cares about its young people and that its national reputation should reflect that concern and commitment.

To enhance that commitment, the Indiana Youth Institute (IYI) works with adults who care about youth.

- IYI advocates for better service for Indiana's young people, both directly and in collaboration with others.
- IYI develops strategies to increase youth-serving professionals' knowledge, caring, and competence.
- IYI cultivates and supports innovative projects that hold promise for improving the lives of Indiana's young people.

We believe that the key to the success of young people is in the hands of the adults who care about them.

IYI is an intermediary agency that supports youth-development professionals and decision-makers with advocacy, research, and training.

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Kids Count in Indiana

1996 Data Book

Contents

Why count Indiana's kids? **1**

The Children's Agenda **1**

About the statistics in this report **2**
- Sources of information 2
- Reporting by race and ethnic group 3
- Accuracy in reporting 3

Indiana's children and their families **4**
- Population estimates 4
  - Total population 4
  - Population younger than age 18 4
- Ethnicity 4
  - Population of color younger than age 18 4
- Hoosier households 6
  - Single-parent households 6
  - Marriage 6
  - Divorce 7

Economic well-being **7**
- Indiana's economy 7
  - Household income 7
  - Per capita personal income 8
- Indiana's labor force 8
  - Unemployment 8
  - Youth in the labor force 8
  - Youth unemployment 8
  - Developing Indiana's future workforce 8
  - School To Work Initiative 9

Poverty **9**
- Poverty in the nation 9
- Poverty in Indiana 10

Contents cont.

The very poor and the near poor 11
Hunger among Indiana's children 11
Homeless children in Indiana 11
Programs to assist poor families 12
Voluntary charitable services 13
Government programs 13
Indiana's current safety net 13
The growth of safety-net programs 16
Nutrition programs 16
Other sources of support for families with children 17
Welfare Reform in Indiana 18

Protecting Indiana's children 19
Child abuse and neglect 19
Institutional abuse 19
Fatalities 21
The Child Protection System 21
The Marion County Consent Decree 22
Corporal punishment 22
The Children's Trust Fund 22

Educating Indiana's children 22
The national education goals 22
Adult educational attainment and literacy levels . 23
Scores on national tests 23
High-school graduation 26
Dropping out of school 27
Retaining students in grade 27
Educating special populations 27
At-Risk programs 28
Plans for postsecondary education 29
21st Century Scholars Program 29
21st Century Parents' Program 29

Health and well-being 30
Healthy People 2000 30
Prenatal care 30
Low birthweight 30
Age of the mother 31
Outcomes related to low birthweight 31
Immunizations 31
Hoosier two-year-olds 32
Indiana's school-age children 32
Lead poisoning 32
Mental health 33
Health insurance 34

Mortality: Dying too young 34
Deaths of young Hoosiers 34
Infant deaths 34
Child deaths 35
Teen violent deaths 35
Deaths from injuries 35

The teen years: High-risk behaviors 36
Adolescent sexual behavior 36
Nonmarital childbearing 37
Extent and outcomes of adolescent pregnancy 38
Births to Hoosier adolescents 39
Birth rates 39
The costs of adolescent childbearing 39
Fathers in adolescent pregnancies 40
Sexually transmitted diseases 40
Gonorrhea 40
Chlamydia 41
Syphilis 41
HIV/AIDS 41
Use of tobacco, alcohol and other drugs 43
Progress toward Healthy People 2000 objectives . 44
Alcohol 45
Tobacco 45
Other drugs 45

Juveniles and the law 45
Continued anxiety about youth violence 45
The Uniform Crime Report 45
Limitations of the Uniform Crime Report 45
UCR data for Indiana 46
Estimating juvenile crime patterns from the UCR .. 46
The continuing need for better information 47
Indiana Judicial Report 48
Commitments to the Department of Correction . 48
Teens as victims 49
Homicide 49
Child abuse and neglect 49

Investing in Hoosiers 49

Notes 51

Appendix
Indicators and Data Sources 55
County-Level Data Tables 57
1. Population
2. Estimated Populations of Color <20, 1992
3. One-Parent Families: Poor and Extremely Poor Children
4. Unemployment; Use of Safety-Net Programs
5. Child Abuse and Neglect, FY 1995
6. Education, I, School Year 1994-95
7. Education, II, School Year 1993-94
8. Live Births, 1993 (Provisional)
9. Infant and Child Health
10. FBI Uniform Crime Report, 1993
11. Juvenile Justice

Why count Indiana's kids?

We believe that every young person in Indiana should count. We believe that every young person in Indiana deserves an equal opportunity to grow up in a safe, healthy, and nurturing environment. But that said, we also recognize that in reality, as George Orwell so aptly noted a generation ago: "Some are more equal than others." And some outcomes for children are preferable to others. We use statistical indicators to summarize many of the differences in outcomes experienced by children – outcomes that typically stem from inequalities in their access to safety, health and nurturance.

As we have written in previous reports: Most of Indiana's young people are prospering most of the time. They are healthy, and they are being nurtured in safe homes and secure neighborhoods. They are doing well in school, and they are staying out of trouble with the law. But the figures also show, too many are not – and their numbers are growing. Early in 1996, the Indiana Youth Institute launched the Children's Agenda as a two-year effort to increase public awareness, promote dialogue, and mobilize community action to support the healthy development of all children and youth in Indiana.

The Children's Agenda

agen•da *n.* - a list, outline, or plan of things to be done.

youth *n.* - the time of life marked by growth and development; a young person; young and not mature.

de•vel•op•ment *n.* - the process of causing to unfold gradually; of going through a process of natural growth, differentiation, or evolution by successive changes.

Back in 1990, the Indiana Youth Institute brought together some 300 youth development professionals and asked them to reflect on the needs of children – all children – in Indiana. Conference participants were challenged to construct a comprehensive vision of healthy development and what it would take to bring this plan into being for every child. From this endeavor came a document: 10 Blueprints for Healthy Development (full text on inside back cover). The 10 essentials for optimal development of all youth include building:

- Healthy bodies
- Positive relationships
- Self-acceptance
- Active minds
- Spirit and character
- Creativity and joy
- A caring community
- A global perspective
- Economic independence
- A humane environment

For more than six years, IYI has been the guardian of the 10 Blueprints. They have been discussed at IYI events, talked and written about in IYI publications, and sent forward throughout the state as a motivating tool for planning and implementing services and programs for youth. A groundwork for change has been made, but there is still much to be done to shift the "youth business" to a true youth development perspective.

In these six years, headlines about young people's troubles – both what they have done and what has been done to them – have become more shrill, and community concerns and fears have become more passionate. More and more, we have heard Hoosiers saying, "We're sick of it!" Proposals have appeared for "getting tough" on lawbreakers, on teen-age parents, on child-abusers, on addicts and alcoholics, on dead-beat dads, and on and on. Most of the proposals, even at their most humane, have attempted to fix problems after they occurred – an approach that has had limited success. The treatment approach is intensive and expensive, and at best, addresses the needs of only a few.

Prevention of problems before they develop, continues to be a more effective approach. All children are vulnerable and prevention efforts are important, particularly when programs and interventions are based on what we know about factors within families, schools, neighborhoods and communities that increase children's vulnerability. Prevention may keep more young people "out of trouble." But many are now asking, is being "problem-free" all that we want for our young people? Is being "problem-free" being fully prepared to step into adult roles? Is "problem-prevention" the most effective way to enhance development for all youth? We think not.

The vision of youth development that supports the 10 Blueprints is based on an understanding of the needs of all children. It is a vision that recognizes that needs are expressed differently as young people mature, and that young people need continuous, age-appropriate guidance and support as they grow. When future scholars look back on the 20th Century, they will discern a series of research efforts that sought to understand the ways that children develop physically, mentally, socially and morally. And, they will find that basic developmental patterns or phases, much the same for all children, had been discovered. They will also see that many people understood that when developmental needs were not met at the appropriate time, "rotten outcomes" often followed. Why, these future scholars may well ask, however, did this knowledge of youth development have so little impact on the ways in which young people were helped to grow up? Why, indeed! In these remaining years of the century, we still have an opportunity to put knowledge to work. The Children's Agenda is a starting point.

We recognize that treatment programs and reducing problem-causing risks in the lives of young people will remain important and necessary for the foreseeable future. But we believe it is time for Hoosiers to shift their vision beyond treatment and prevention, to think about what it would take to build family life, faith congregations, schools and communities using the 10 Blueprints as a plan for action – that is, an agenda for children. Simply put, The Children's Agenda seeks to "put wheels under" the 10 Blueprints for Healthy Development!

We have started the process by focusing attention on some of the outcomes that demonstrate clearly that business as usual is not working for too many of the state's young people. The statistics reported in this Data Book provide ample evidence of that. The time has come to use this information to raise public awareness that children can't wait. We are asking that youths and adults all over Indiana come together to discuss the many issues that each blueprint raises. We hope that they will not stop there, however. Talk is a beginning, but talk isn't enough. Only when youths and adults together embark on a course of action that grows out of their talk, will Indiana truly become a state that effectively cares about its young people.

About the statistics in this report

Sources of information

Kids Count in Indiana and the Indiana Youth Institute did not generate the basic statistical information contained in this report. The data were compiled from many public and private agency sources. Demographic and economic information come from the U.S. Bureau of the Census and its Indiana affiliate, the Indiana Business Research Center at the Indiana University School of Business. The 1990 census supplemented by annual Current Population Surveys (CPS) and other studies conducted by the federal government are important sources of information. Additional information about the well-being of young Hoosiers has been provided by Indiana's public agencies including the Family and Social Services Administration, the State Department of Health, the Department of Education, the Department of Correction, the Department of Workforce Development, the Office of the Governor and the Supreme Court's Division of State Court Services.

Additional information is obtained from federal agencies such as the Centers for Disease Control and Prevention, the Federal Bureau of Investigation, the U.S. Department of Health and Human Services, the U.S. Department of Education and the Committee on Ways and Means of the U.S. House of Representatives. Other sources include university and private-

sector research centers such as the Indiana Education Policy Center, the Heartland Institute, the Indiana Prevention Resource Center, the Indiana Food and Nutrition Network, the Urban Institute, the Alan Guttmacher Institute, the Center on Budget and Policy Priorities, the Annie E. Casey Foundation's national KIDS COUNT initiative and other state Kids Count projects. All data sources are identified in the Notes section following the text.

Reporting by race and ethnic group

When looking at data aggregated by ethnic group alone, one finds that Hoosier children and families of color share many of the distressing differences in economic and social well-being found throughout the nation. There is still a tendency to interpret differences in statistics such as adolescent pregnancy or high-school dropout rates as racial in nature. Most of the differences among ethnic groups disappear, however, when socioeconomic factors – particularly living below the poverty level – are taken into account. Most of the original sources of data used in this report do not take socioeconomic status into account. IYI has elected not to publish comparative racial and ethnic information for several important variables where other research has found differences strongly influenced by socioeconomic status. The instances where racial/ethnic analysis is included in this report raise questions about differential treatment of and the economic resources available to people of different ethnic backgrounds.

As IYI has noted in earlier publications, for centuries members of American racial and ethnic groups had no say in the labels by which they were identified. In recent years, various preferences in self-identification have emerged; IYI has tried to honor these preferences, but has had few objective guidelines to follow. In a recent survey of some 60,000 households, the U.S. Department of Labor asked people how they, themselves, preferred to be identified. Although there was not complete consensus, clear preferences emerged: Black (44.2%, with an additional 9.1% stating no preference); American Indian (49.8%, with 5.7% stating no preference); Hispanic (57.9%, with 10.2% stating no preference); White (61.7%, with 16.5% stating no preference); and, Multiracial (28.4%, with 27.8% stating no preference). Smaller percentages of the respondents expressed preferences for a variety of other options.[1] In this and future reports, IYI will use the designations that received the most choices. The Department of Labor study did not ask Asian-Americans for their preferences; until more information on preferred self-identification is available, IYI will continue to use the term Asian-American.

Accuracy in reporting

Many factors affect the accuracy of data. In most basic terms, however, the final analysis can be only as good as the original raw data collected. The quality and completeness of the original data used in this report vary. Some of the errors are no doubt random – for example, failing to enter a date when prenatal care began on a birth certificate or making a mistake in recording age on an agency intake form. Other errors may stem from differences in the ways that individuals who record and report information use definitions (when is a student a "dropout," for example). Some data are incomplete, because reporting is voluntary. (The most frustrating example of incomplete data is the Uniform Crime Report juvenile arrest data that Indiana law enforcement jurisdictions forward voluntarily to the Federal Bureau of Investigation. In recent years, about a third – but never exactly the same third – of the data have been missing.)

Some of the statistics in this report come from surveys of samples of the population described. Such studies are subject to sampling error; in general however, when appropriate sampling rules are followed, the larger the sample, the smaller the potential range of error. The Current Population Surveys (CPS) of the U.S. Bureau of the Census generally include about 60,000 households, selected to be representative of all U.S. households. Of the households selected for the study, only a few hundred would be living in Indiana. Consequently, the national study findings may accurately reflect a characteristic of the national population, but not accurately reflect that characteristic among Hoosiers. Using a statistical estimate known as the "standard error," researchers generally provide a range of values in which the "true" value can be found. Another technique for reducing the impact of annual

sampling errors is the use of moving averages – the method used for presenting data in the national KIDS COUNT Data Book.

The compilers of this report have made every effort to be accurate in communicating the figures as they were received from original sources. Serious problems with completeness or quality of data are discussed in the text. Additional information about indicators is included in the *Notes* section that follows the text. Indicators that appear in the county-level tables are described in the *Appendix*.

Indiana's children and their families

Population estimates

The United States conducts an official count of its citizens only once every ten years. In the years between the censuses, the U.S. Bureau of the Census estimates population changes. Delayed by recent federal government shutdowns, "official" estimates of county populations in 1993 and 1994 were not available at the time this report was written. The population data in the county-level tables are provisional estimates created by the Indiana Business Research Center. Except where noted, these same estimates have been used to create rates of occurrence of an indicator in a given age or population group.

Total population

Population change in a state is affected by numbers of births and deaths and by numbers of persons moving into and out of the state. Indiana's population is growing, but at a slower rate than for the United States as a whole. Indiana has experienced this trend for more than two decades.

- There were an estimated 5,705,540 Hoosiers in 1993; in 1994, the estimated population grew slightly to 5,752,073. Overall estimated population growth was 3.8% between 1990 and 1994.

Population younger than age 18

Population change also has not been even in different age groups. Growth in the Hoosier child population has been slower than the national average. Indiana is still affected by the trend begun in the early 1980s when numbers of young families and single men and women of child-bearing age began leaving the state in pursuit of better job opportunities.

- The population younger than age 18 was estimated to be 1,463,200 in 1993 and 1,473,407 in 1994. Child population growth between 1990 and 1994 is estimated at 1.2% – less than half the growth of the total population.

- Young Hoosiers have continued to decline as a proportion of the state's overall population. In 1990, the younger-than-18 age group constituted 26.3% of the state's population (down from nearly 30% in 1980). By 1994, children had declined to an estimated 25.6% of the state's population.

- Indiana has experienced a small increase in the size of the age cohort moving into the teen years. In 1990, there were 646,845 children aged 10 to 17 years in Indiana; the estimated number in this age group in 1994 had grown by 3% to 667,479. The proportion of this age group in the total population of the state remained essentially unchanged at 11.6% during the five-year period. If current trends continue, the teen population will decline after the year 2000.

Ethnicity

Ethnic diversity in Indiana remained essentially the same between 1990 and 1992 according to estimates created from U.S. Census data by the Urban Studies Institute at the University of Louisville for KIDS COUNT. The total population of Indiana (all ages) was about 91% white. There was slightly greater diversity in the population younger than age 20.[2]

Population of color younger than age 18

United States and Indiana comparisons

Indiana remains more racially and ethnically homogeneous than the U.S. as a whole. The Urban Studies Institute of the University of Louisville produced estimates of population diversity in

1992 for the Annie E. Casey Foundation. Black Americans remained the largest community of color, followed by Asian-Americans and American Indians. Hispanics, who may be of any race, are the largest ethnic group.

Nationally, Black Americans constituted 12% of the U.S. population of all ages. Asian-Americans were 3% and American Indians 1% of the total. Whites, at 84%, remained in the majority. American Hispanics are a diverse ethnic group who trace their origins or descent to Spain, Mexico, Puerto Rico, Cuba and many other Spanish-speaking countries of Latin America. Hispanics, who may be of any race, are also included in the racial groups above. When separated from the total, American Hispanics represent 9% of the nation's population.

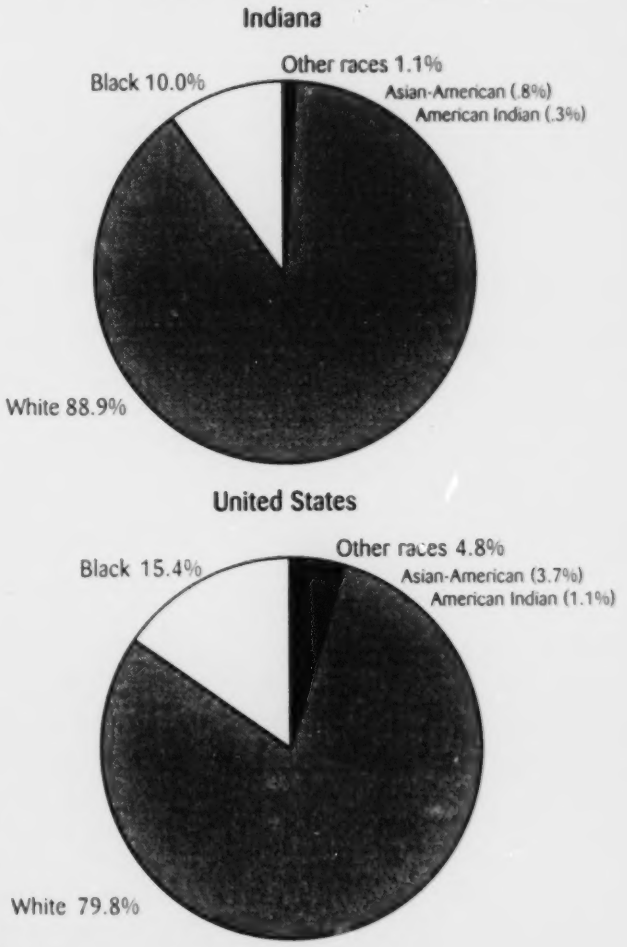
● In Indiana, the 1992 population of all ages was estimated at 5,658,300. Of these, 8% were Black, less than 1% Asian American and less than 1% American Indian. Hispanics were 2% of the Hoosier population.

The population younger than age 18 is slightly more diverse, both nationally and in Indiana (See Figures 1a and 1b). Nationally, 79.8% of the estimated child population is white, while 88.9% of the estimated 1,629,975 Hoosier children are white. Indiana's Black and Hispanic children continue to live primarily in the state's five largest counties (see Table 1, p. 7). A little more than a third (35%) of all Indiana young people live in Allen, Lake, Marion, St. Joseph and Vanderburgh counties. More than eight in ten (82%) Black and nearly six in ten (59%) Hispanic, but only three in ten (30%) white young people live in these counties.[3]

A profile of Asian American, American Indian, Hispanic, Black, and non-Hispanic white Hoosiers

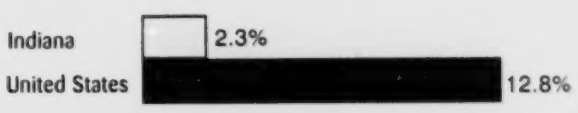
Because of their relatively small numbers, children of Asian-American, American Indian and Hispanic backgrounds are often lumped together in the meaningless category, "Other." The national KIDS COUNT initiative has pulled together information from the 1990 census to provide a portrait of the children in these three communities. They have included the same information for Black and non-Hispanic white Hoosiers. This information is summarized in Box A, p. 6.[4]

Figure 1a. Estimated Population Younger than Age 20, Indiana and U.S., 1992



SOURCE: U.S. Bureau of the Census. Estimates produced by the Urban Studies Institute, University of Louisville for the Annie E. Casey Foundation, 1995.

Figure 1b. Estimated Hispanic Population Younger than Age 20, Indiana and U.S., 1992



SOURCE: U.S. Bureau of the Census. Estimates produced by the Urban Studies Institute, University of Louisville for the Annie E. Casey Foundation, 1995.

Box A

Asian-American, American Indian, Hispanic, Black, Non-Hispanic White and All Children in Indiana, 1990 (figures rounded)

	Asian-American	American Indian	Hispanic	Black	Non-Hispanic White	All Children in Indiana
Number (rounded to nearest hundred)	10,300	3,300	34,800	146,800	1,266,800	1,463,000
% born outside of U.S.	40%	5%	7%	1%	1%	1%
% of children who do not speak English well	6%	1%	3%	0%	0%	0%
Median family incomes:	$42,000	$20,600	$30,000	$18,100	$34,200	$33,000
Household Poverty Status - Income:*						
< half of poverty level	6%	13%	11%	24%	5%	7%
< 100% of poverty level	11%	36%	22%	40%	11%	14%
< 125% of poverty level	14%	42%	27%	46%	16%	19%
< 200% of poverty level	32%	57%	48%	64%	33%	37%
Percent of poor children whose parent(s) work full-time	9%	12%	6%	5%	10%	8%
% living in households receiving public assistance						
All children	3%	11%	12%	28%	7%	9%
Poor children	4%	29%	33%	51%	32%	37%
% living in single-parent families	9%	32%	27%	58%	17%	21%
% age 16-19 who are high-school dropouts	1%	16%	14%	14%	11%	11%
% age 16-19 who are not in school and not working	3%	6%	12%	17%	9%	10%

*Note: Poverty thresholds are calculated annually and differ by size of family. For the 1990 Census, the poverty level for a family of four was $12,674. Extreme poverty (< half the poverty level) for a family of four was $6,337. Poor and near poor children were living in households with incomes <125% of the poverty level ($15,843 for a family of four).

SOURCE: Annie E. Casey Foundation. *KIDS COUNT Data on Asian, Native American, and Hispanic Children: Findings from the 1990 Census*, Annie E. Casey Foundation, State-level data on Whites, Blacks and Non-Hispanic Whites.

Hoosier households

Single-parent households

Estimates of the proportion of families with children headed by single parents with no spouse present in 1993 are derived by averaging findings from the Current Population Surveys of 1992, 1993 and 1994. Nationally, 26% of families were headed by single parents; in Indiana, the figure was slightly higher, at 27%. According to the national KIDS COUNT analysis, Indiana ranked 39th among the 50 states on this indicator.

Marriage

Since the post World War II period, when U.S. annual marriage rates climbed to a high of 11.1 per 1,000 population (1950), rates declined to a low of 8.4 per 1,000 in 1958 and have fluctuated since. As the baby-boomer generation ages out of the peak marriage years and the percentage of persons ever marrying declines, the annual marriage rate seems to

be stabilizing at about 9.0 per 1,000 population in 1993 (9.1 in 1994).

- Indiana's marriage rate of 8.7 per 1,000 population in both 1993 and 1994 is below the national average.[6]

Divorce

After more than a decade of annual increases, national annual divorce rates declined from an all-time peak of 5.3 per 1,000 married couples in 1979 and seem to have stabilized in the 1990s at 4.6.[7] As research piles up evidence of both short- and long-term economic, educational, social and mental health consequences for many children following the divorce of their parents, divorce-trend data can yield practical information necessary for planning services to deal with this fallout. No such information is available to Indiana's service providers. Indiana remains one of only 3 states that do not compile statewide records of divorces granted (although such records do exist in individual courts throughout the state). The only clue to state-level divorce trends for Indiana is the annual caseload statistics on divorce filings compiled by the Division of State Court Administration of the Supreme Court of Indiana since 1991. As an indicator of divorces, these statistics are inflated and confused by instances of divorce filings later withdrawn, as well as some multiple filings by the same couple. The four-year figures representing divorce case filings in Indiana do not reveal an overall trend.

- Indiana courts recorded 46,314 divorce filings in 1994. The number in 1994 was 1.8% lower than the number of cases filed in 1991 (47,157), the first year that this information became available, but numbers of cases fluctuated in 1992 and 1993.[8]

Table 1. Estimated Indiana Population Younger than Age 20 in Indiana's Five Largest Counties, by Ethnicity, 1992

County	All Indiana Youths <20 %	Black %	Hispanic %	White %
Allen	5.6	8.1	6.1	5.3
Lake	8.9	27.0	43.9	6.9
Marion	13.7	38.1	8.0	11.0
St. Joseph	4.4	6.1	5.9	4.1
Vanderburgh	2.7	2.8	.8	2.6
Total	35.3	82.1	64.7	29.9
Estimated total in state (number)	1,629,975	163,555	41,894	1,449,714

SOURCE: U.S. Bureau of the Census. Estimates produced by the Urban Studies Institute, University of Louisville for the Annie E. Casey Foundation, 1995.

Economic well-being

Indiana's economy

Indiana began 1996 anticipating a fifth year of steady economic growth. During the year between mid-1994 and mid-1995, total real earnings – the figure that represents the amount that people earn from working for others or for themselves (adjusted for inflation) – grew by 3.4%. This growth rate placed Indiana 13th among the 50 states for the year. It continues a long-term trend begun in late 1983 that has seen an average annual growth of 2.9% in real earnings in Indiana, ahead of the 2.6% annual growth for the nation as a whole.[9] Although these growth trends are good news for Hoosier workers, median household and per capita incomes in Indiana still lag behind national levels.

Household income

In 1994, the median income for all U.S. households was $32,264, unchanged from 1993 levels. Nationally, family households experienced an increase in income of 2.5% in real median income between 1993 and 1994 ($38,444 to $39,390). Non-family household income declined 2.1%, from $19,363 to $18,947. Income in family households headed by women with no spouse present experienced a 4.5% increase (from $19,020 to $19,872) in income for the first time since 1987. Black Americans were the only race or ethnic group to experience an increase in real median household income be-

tween 1993 and 1994 (from $20,032 to $21,027).

- For Hoosier households, however, median income was $27,858 in 1994, down markedly from $30,230 in 1993 and $30,136 in 1992.[10]

Per capita personal income

The per capita personal income of an area's residents provides a measure of how well people are doing economically. Indiana kept up with the nation through the end of 1979, but from that period through the end of the most recent recession in 1991, there was an ever-widening gap between the per capita income of Hoosiers and Americans as a whole. Although Hoosiers have not made up the cumulative income deficit of this period, the improved economic picture for Indiana over the past four years has begun to close the gap.

- The per capita income of Hoosiers was $20,262 in 1994 (up 5.4% from $19,219 in 1993) but still below the per capita income of $21,698 for all Americans. The gap continues to close, however. In 1994, per capita income in Indiana was 93.4% of the U.S. average, up from 90.2% of the national average in 1987.

Indiana's labor force

In 1994, Indiana's labor force was made up of some 3,056,000 individuals ages 16 and older. Of these, 1,601,000 were men (representing 78% of the male population ages 16 and older) and 1,455,000 were women (63% of the 16-and-older female population). Slightly higher proportions of all Hoosiers are in the labor force (70%) than nationally (67%) and in the Midwest region (69%).[11]

Unemployment

Indiana's unemployment picture reflected the state's strong economy throughout 1994. The 1994 unemployment rate for Indiana was 4.9% – below the Midwest regional rate of 5.1% and well below the U.S. national rate of 6.1%.

- Unemployment figures varied widely among Indiana's counties, from lows of 2.4% in Hamilton and 2.5% in Hendricks counties to highs of 8.8% in Greene and 9.9% in Crawford counties.

- Unemployment rates varied among white and Black Hoosiers. Unemployment for white Hoosiers was 4.0% (3.7% for males, 4.3% for females). At 17.0%, the overall Black unemployment rate was more than four times higher (18.3% for males and 16.1% for females).

- The Black unemployment rate for Indiana (17.0%) was higher than for the Midwest region (13.6%) and much higher than the national rate of 11.5%).

Youth in the labor force

Some 205,000 Hoosier youths, representing 59% of male and female young people ages 16 to 19, were in the Indiana labor force in 1994.

Youth unemployment

Youth unemployment, at 14.0%, was nearly three times as high as the unemployment rate for Indiana's civilian labor force as a whole. Youth unemployment in Indiana paralleled that for the Midwest region (14.1%), but was lower than the national rate of 17.6%.

- The unemployment rate for white Hoosier youths was 11.9% in 1994. Breakdowns by race/ethnicity are not available for the state. However, in the Midwest region, white youths also experienced unemployment at 11.9%. Regional unemployment among Black youths, however, was more than three times higher, at 37.1%, and unemployment among Hispanic youths, at 18.6%, was more than one and one-half times higher than that among white youths. There is no reason to believe that unemployment figures for Black and Hispanic Hoosier youth would be any lower than for the Midwest region as a whole.

Developing Indiana's future labor force

The future social and economic well-being of Indiana will depend on the quality of the Hoosier labor force and the ability of the state to compete with other states for well-paying jobs. Indiana has taken a series of actions to strengthen the connection between skills needed in the workplace and skills imparted through education and training.

Workforce Development legislation P.L.19-1992, passed by the General Assembly in 1992, called for

broad changes in the ways that the state's young people are prepared for the world of work. The legislation replaced the three-track program (college preparatory, vocational education and general studies) offered to Hoosier high-school students with a two-tiered program of college and technology preparation (tech prep), either of which would equip them for further education or for entry into the workforce following high-school graduation.

The 1992 legislation also established the Indiana Workforce Proficiency Panel and a system of certification for technical achievement that would follow a person throughout his or her career. The certificates document what a person actually knows and is able to do, and can be updated as a worker acquires new proficiencies. Hundreds of employers and workers from across the state were involved in developing occupational proficiencies in seven areas that were identified as being in high demand, offering well-paying jobs and offering upward mobility. These areas include: electronics, printing, plastics, health, business support, metalworking, and bioscience occupations. The first Certificates of Technical Achievement were awarded in the spring of 1996.[12]

Although some school corporations were better prepared to implement the new options than others, the college/tech prep programs went into operation throughout Indiana's public high schools in the fall of 1994. It is too soon to assess the impact of these reforms on reducing dropout rates, increasing the skill-levels and employability of high-school graduates and increasing participation in postsecondary education.

The 1992 legislation also called for a diagnostic "gateway examination" to be taken in grade 10. The General Assembly revised the state's examination policy in 1995; the graduation examination concept was retained, but the State Board of Education was given responsibility for setting the schedule for administration. This decision was made in the spring of 1996. The graduation examination will be administered in the fall of the 10th-grade year. The graduating class of 2000 will be the first to take the examination in fall 1997. The exact content of the examination has not yet been determined. Some states have opted to administer a test of basic skills only. Indiana is considering a more comprehensive examination that would include applied skills.[13]

School-To-Work Initiative

In 1995, Indiana received a five-year $32 million School-to-Work Transition Grant from the U.S. Departments of labor and education. Indiana's initiative will include work-based learning, school-based learning, and connecting activities. Grant funds are to be used to engage potential stakeholders – educators, parents, students, businesses, labor and community-based organizations – in

- coordinating and strengthening Indiana's career education programs in all school grades,
- instituting high standards and outcomes for all school-to-work efforts,
- improving the career guidance available to young people,
- providing in-service training for educators and counselors,
- increasing and sustaining participation of business and industry in school-to-work programs,
- developing evaluation strategies, and
- developing a coordinated system of data/information collection, dissemination and use.

The Indiana School-to-Work Opportunities system seeks to ensure that every Hoosier student graduate from high school with the knowledge and skills necessary to succeed in high performance workplaces, to master challenging postsecondary curricula and to engage in lifelong learning. The first request for proposals for funding of local programs will be issued in May 1996.

Poverty

Poverty in the nation

The good news is that the number of Americans living below the poverty line declined in 1994. After four years of increasing poverty in the nation, there were 1.2 million fewer poor Americans in 1994 than in 1993 – representing a drop in the poverty rate from 15.1% to 14.5%. The less-than-good news is

that after adjusting for inflation, the median household income, $32,264, was virtually the same as a year earlier. The median household income increased steadily through 1989, after which it declined. Although the most recent recession ended in early 1991, household income has not recovered to the pre-recession high of $34,445 reached nationally in 1989.[14]

Poverty is defined by a set of money-income thresholds known as the "poverty level," set by the U.S. Office of Management and Budget. For more than 30 years, the poverty concept has been expressed as a statistical measure derived from the Economy Food Plan of the Department of Agriculture. Based on changes in the Consumer Price Index, poverty thresholds are adjusted annually. Poverty thresholds are calculated based on family size and composition, but do not take into account geographic differences in cost of living.

Table 2 lists the poverty thresholds for 1987, the year in which Indiana's current AFDC benefit levels were set; for 1995, the year for which use of safety-net programs is discussed in this report; and, for the current year. The table also lists the hourly wages (assuming 2,000 hours of full-time employment) needed to reach each poverty threshold in 1987 and in 1996.[15]

The number of poor families in the United States declined from 12.3% to 11.6% between 1993 and 1994 – a change from 8,393,000 poor families to 8,053,000.

Poverty levels also declined for persons younger than age 18, from 22.7% to 21.8%. Child poverty remained higher than for other age groups.

In 1994, four in ten (40.8%) poor Americans aged 16 and older worked at some time during the year. One in ten (10.5%) poor Americans worked full time, year round. The number of working poor remained unchanged between 1993 and 1994.

Poverty rates declined from 12.2% to 11.7% among white Americans, and from 33.1% to 30.6% for Black Americans. Poverty rates did not change for Hispanics (30.7%) or Asian-Americans (14.6%).[16]

Poverty in Indiana

The Indiana economy has also recovered from the most recent recession, and, as noted above, Indiana enjoys a lower unemployment rate than the nation as a whole. Still, the jobs held by many Hoosiers do not pay very well, and poverty within the state remains a significant issue.

- Although the poverty rate among Hoosiers was lower than for the United States as a whole, poverty continued to rise in 1994 – to 13.7% – up from 12.2% in 1993 and 11.8% in 1992.
- The estimated poverty rate for Hoosier children younger than age 18 was 19% in 1993, about the same as the not-quite 20% estimated in 1992.[17]

Table 2. Poverty Thresholds by Size of Family

Family Size	1987 ($)	Hourly Wage Required to Reach 1987 Poverty Level	1995 ($)	1996 ($)	Hourly Wage Required to Reach 1996 Poverty Level
1	5,500	2.75	7,470	7,740	3.85
2	7,400	3.70	10,030	10,360	5.20
3	9,300	4.65	12,590	12,980	6.50
4	11,200	5.60	15,150	15,600	7.80
5	13,100	6.55	17,710	18,220	9.10
6	15,000	7.50	20,270	20,840	10.40
7	16,900	8.45	22,830	23,460	11.75
8	18,800	9.40	25,390	26,080	13.05
9	20,700	10.35	27,950	28,700	14.35
Each additional person	1,900	.95	2,560	2,620	1.30

SOURCE: Indiana State Data Center from annual announcements in the *Federal Register*.

The very poor and the near poor

For several years, the Indiana State Department of Health provided detailed county-level estimates of Hoosier poverty and near poverty in the years between the national censuses. They have discontinued this analysis, and 1992 is the latest year for which information is available. Table 3 shows the percentages of Hoosiers who were very poor – that is, lived in households with income less than half of the federal poverty level – and the near poor and low-income, the percentages of Hoosiers living in households with income levels between 100% and 200% of the federal poverty level.[18]

The federal poverty level represents a "survival" income that is well below the income required for a "bare bones," but healthy and safe lifestyle. Such a lifestyle would require an income more than $5,000 above the poverty level for a Hoosier family of three, according to estimates created by The United Way of Central Indiana/Community Service Council.[19] This income figure was about 150% of the poverty level.

Hunger among Indiana's children

One of the accompaniments of poverty is hunger. A recent study by the Food Research and Action Center (FRAC) estimated that some 70,000 Hoosier children (7.2%) younger than age 12 experienced hunger in 1993.[20] An additional 205,000 Hoosier children (20.9%) were at risk of going hungry.

- Of the 70,000 hungry children, four in five experienced hunger in at least three months of the previous year, and about four in ten experienced hunger throughout the year. Most of the hungry families (60%) are working families. The adults in hungry and at-risk families are employed in semi-skilled or unskilled, low-wage jobs.

Hunger has many consequences. Children from hungry households were found more likely to suffer such health problems as weight loss, fatigue, anemia and frequent colds, ear infections and other infections. In spite of the fact that these children are less likely to be covered by health insurance, hungry children were more likely to require medical visits. Hunger also affects the ability of children to learn. Children from hungry households were twice as likely to be absent from school and four times as likely to experience difficulty with concentration than were children from households where there was no unmet hunger.[21]

Table 3. Estimated Population by Poverty Threshold, Indiana 1992

	Population Below Threshold	
Threshold	Indiana Cumulative (%)	U.S. Cumulative (%)
Below 50%	4.8	5.9
Below 100%	11.7	14.5
Below 150%	19.5	24.1
Below 175%	23.3	28.9
Below 185%	25.2	31.3
Below 200%	28.0	34.7

SOURCE: Indiana State Department of Health, Based on Consumer Income Series P-60, U.S. Bureau of the Census.

Homeless children in Indiana

Another accompaniment of poverty is likely to be homelessness. The Indiana Department of Education estimates that there may be as many as 25,000 Hoosier children who do not have permanent addresses.[22] Some of these children are essentially on their own, living from hand to mouth on the streets. Others move around, staying in shelters, with friends and relatives, or with adults who provide a place to stay in exchange for sex. Still others are living with their families – sometimes in cars, but more often, doubling up temporarily with friends and relatives.

A 1995 study identified 521 "unattached" young people in one six-week period, who essentially lived on the streets of Indianapolis without adult supervision.[23] Of these, 431 participated in in-depth interviews about their lives. All were interviewed within

the area bounded by Interstate 465; all but four of the participating youths were from the Indianapolis metropolitan area. The participating young people ranged in age from 8 to 17; 40% were between the ages of 8 and 15 and the remaining 60% were 16 and 17 years old; 49% were female and 51% were male. Many distressing findings emerged from the study:

- Only 19% had lived in just one place for the six months prior to the study; 24% had stayed in four or more places.
- A fourth of the young people claimed to be totally without adult supervision. Only 28% had lived primarily with a parent or legal guardian during the previous year.
- Nearly a third (31%) had dropped out of school, and another 13% had been expelled or suspended. Only a fourth (25%) reported regular school attendance, and an additional fourth (24%) reported irregular attendance; 3% were high-school graduates or had completed GED programs.
- In the month prior to the study, 25% of the youths had held full-time jobs and an additional 17% worked part-time or did odd jobs for pay. A fifth (20%) engaged in panhandling, a third (32%) stole, and a fourth (26%) dealt drugs. Additional sources of income included prostitution (14%), selling food stamps (18%), and selling blood or plasma (4%). About four in ten had received money from friends (42%), relatives (44%) or a community-based agency (8%).
- Abuse was frequently reported. More than seven in ten (73%) had been struck with a hand; 44% reported being beaten; 12% tied up; 17% locked in a small place; 13% burned; 37% other physical abuse such as kicking or shoving down stairs. More than a fourth (27%) reported sexual abuse.
- Some of these children were runaways, but more likely they had been pushed out or abandoned by their families. Among the many problems faced by these young people are access to education and health services. For a variety of reasons, many of these young people are not being well served by available school programs. Although Indiana law says that children without a permanent address must be admitted, some schools still insist on immunization or other forms of records that homeless families and children cannot produce.
- Many of the youths surveyed reported serious health and mental health problems including drug and alcohol abuse, depression (40%), attempted suicide (10%), sexually-transmitted diseases, and pregnancy. Half of the youths surveyed had no health insurance and 70% said they relied on hospital emergency rooms for health care. Current Indiana law makes it very difficult for unattached youth to obtain medical care without parental consent; 43% of the young people in the study reported needing medical attention and not getting it.

The study points out that homeless young people need a continuum of services that include prevention, early intervention, emergency assistance, stabilization, transitional living and long-term follow-up. The study concludes with a series of recommendations for policy changes that include establishing supportive services for entire families, the "decoupling" of some youth services from the justice system, more flexibility in educational systems and providing access to medical care.

Programs to assist poor families

Hoosier families in need are faced with the same complex array of public and private sources of help that face Americans generally. Although Indiana is the only state that still maintains a township-based system of "poor relief" developed in the 19th century, the state has made major advances on other fronts. All 92 counties have active Step Ahead councils representing public/private sector partnerships designed to coordinate needs assessments, identify resources and simplify access to services. Some counties have made major progress toward creating the "seamless service delivery systems" envisioned by the creators of Step Ahead, for children from birth onward. Other counties are still struggling to find the resources to fill gaps in available services, or they are entangled in the turf issues that often plague the social service arena. Still, Step Ahead remains a highly promising approach to coordinated service delivery at the local level. Step Ahead councils will assume even greater importance in the coming years as block grant policies of the "new federalism" bring about shifts in control of public services from the national government to the

states, which, in turn, are expected to pass on some decision-making to the cities and counties.

Voluntary charitable services

Hoosiers have a long-standing tradition of voluntary service and organized charitable giving. In 1995, the Indiana Association of United Ways calculated that voluntary giving provided more than $113 million annually for food pantries, homeless shelters, job-finding and training services, disaster relief and other forms of emergency aid. Increases in the numbers of children and families needing services accompanied by cuts in some public aid programs are already straining private, nonprofit sector resources. Proposed cuts in federal support programs would create even greater stress, particularly among nonprofit groups currently dependent on federal dollars for much of their annual budgets.

Upheavals in federal social policy are about to transform the way that the nonprofit world will have to do business. Leaders in the field fear that many agencies are failing to plan for the restructuring that will be needed if their operations are to continue. State governments are already making decisions that will affect eligibility for public services. Persons in need who lose benefits are expected to end up seeking help from private charities. For their part, charities, accustomed to dealing with Washington, are going to have to learn their way around the statehouse and the legislative process.[24]

Government programs

Federal government support for children and families has its roots in the New Deal philosophy that guided recovery from the blows of Great Depression of the 1930s. Most of the current federal programs were created or reorganized during the Great Society era of the 1960s. Although "welfare" programs have expanded greatly in the past three decades, total spending on the support of poor children and families still represented only three percent of the federal budget in 1995. Welfare programs have become the target of a newly conservative Congress and it is expected that before the end of the century, the role of the federal government in the social-welfare field will change profoundly. A system of block grants to the states is expected to replace current entitlement programs. The specifics of reform were still being debated at the time this report was written. Several consistent themes have emerged, however. Pending Congressional proposals are summarized in Box B (see p. 14).

Indiana's current safety net

During FY 1995, Indiana's safety net consisting of three major programs, Aid to Families with Dependent Children (AFDC), the Food Stamps Program and Medicaid remained in place.

Aid to Families with Dependent Children. AFDC remains a "means-tested" entitlement program, meaning that any family that meets eligibility criteria may receive benefits. Beginning in 1995, a number of changes that tightened eligibility requirements and limited the duration of benefits were introduced. It is expected that these changes will have a major impact on the numbers of families seeking and receiving services through the program.

Each state establishes a "standard of need" that shapes AFDC benefits. Indiana's standard of need was established in 1987 and has not been revised since. Indiana's standard of need ranks 50th among the 50 states and the District of Columbia (DC). The standard of need is tied to family size (see Table 4, p. 15). For a family of three – the size of the typical recipient family – that standard of need is $320 per month. For a family of four, it is $385 per month. States are also permitted to apply a "rateable reduction" to the standard of need to determine the maximum legal payment that a family may receive. Indiana applies a 10% rateable reduction, reducing maximum legal payments to $288 per month ($3,456 annually) for a family of three, and to $346 ($4,152 annually) for a family of four. To qualify for benefits, a family's total assets cannot exceed $1,000 in value, and net monthly income cannot exceed the maximum allowable payment. The maximum AFDC benefit for a family of three amounted to 27.4% of the 1995 poverty level, and amounts to 26.6% of the 1996 poverty level. The "value" of the maximum AFDC payment has declined annually from 37.2% of the poverty level in 1987 when Indiana's current benefit levels were set.

- In FY 1994, the average monthly AFDC payment to Hoosier families was $257.64. This compares with a national average AFDC payment of $376.47. Indiana's average AFDC payment ranked 40th among the 50 states and DC.

BOX B. How Block Grants May Affect Social Welfare Programs

As the "new federalism" is implemented, many major programs and the people they now serve will be affected. Final decisions have not been made, but there are emerging agreements, described below, on how current federal entitlement programs will be "capped" and administrative control transferred to the states through a series of block grants.

Welfare benefits. The Aid to Families with Dependent Children and several related programs would be replaced by a block grant for Temporary Assistance to Needy Families. Each state would receive funds in a lump-sum Block grant. For each of the next five years, $16.3 billion will be available annually. Adjustments to a state's block grant could be made if the state reduced out-of-wedlock births, experienced significant population growth, or unemployment rates increased. Most adults would have benefits cut after five years, although states will be free to set stricter limits. Most adult recipients would also have to find work within two years from the receipt of their first welfare check. States could choose to exempt a parent with a child younger than age one from the work requirement.

States could choose to exempt people with special problems from the five-year limit, but no more than 15% of the state's recipients could receive exemptions.

Federal rules will require mothers younger than 18 to live with parents or other responsible adults and attend school to qualify for benefits; states will have the option of denying welfare benefits to unwed women younger than age 18.

Both legal and illegal immigrants would have to wait a minimum of five years after coming to the United States before they could receive social welfare services. Legal immigrants now receiving aid would be exempt from this provision.

Child care. Several federal child care programs would be merged into the Child Care and Development Block Grant. The federal government would provide $17 billion over seven years for the child care program.

Child welfare. Through two new block grant programs, states would be reimbursed for costs of placing poor children in adoptive or foster homes. One program will pay for additional costs associated with adoption, foster care, and some other expenses; the other will combine several existing programs that assist victims of child abuse and neglect.

Supplemental Security Income (SSI). Program revisions will require that disabled children meet stiff new criteria to qualify for full or partial benefits. Substance abuse would no longer be considered a disability; drug addicts and alcoholics currently receiving SSI benefits would no longer qualify for help.

Food Stamps. The Food Stamp program will probably be trimmed by $36 billion over the next seven years. This will be accomplished by stricter eligibility criteria and cutting benefit levels.

Medicaid. This program that has provided medical insurance for poor children and adults, elderly Americans and disabled persons would be turned over to the states in the form of a block grant. States would be able to design their own health care programs and set eligibility criteria for participation. Federal guidelines would require that states continue to cover persons with disabilities, but states could set their own limitations on which disabilities would be covered. States would also be required to provide immunization and family-planning services and provide benefits to any child under age 13 and to all poor pregnant women. Changes in the Medicaid program are expected to save more than $163 billion over seven years. Medicaid spending has been growing at about 10% per year; under the new plan, it could grow by only 5.2% annually.

Housing. To date, there is no agreement on proposed major changes in the federal housing program. It appears likely that current programs providing support for public housing and assistance to the homeless will be cut substantially.

SOURCE: J. Moore and G. Williams, "How Block Grants Would Affect Social-Welfare Programs, *The Chronicle of Philanthropy*, 7 (December 12, 1996), p. 37.

● In June 1994, 3.5% of all Hoosiers were receiving AFDC benefits, compared with a national average of 5.4%. In June 1995, AFDC participation in Indiana had declined to 3.0%, compared with 4.7% participating nationally.

● An average of 187,538 Hoosiers per month received AFDC benefits in FY 1995, a decline of 6.4% in average monthly participation in FY 1994. An additional 11,286 persons per month received AFDC-UP (unemployed parent) payments, down 33.7% from FY 1994. The average monthly participation in both programs in FY 1995 was 198,824.

● More than two-thirds (68%) of those receiving AFDC benefits were children. AFDC families are not typically large. About half (51.7%) have one child; 41.1% have two or three children, and only 7.2% have four or more children.

Food Stamps Program. Since 1977, the Food Stamps Program has provided coupons for the purchase of food to boost the purchasing power and improve the diet of low-income households. The basic financial criterion for eligibility is a gross household income that does not exceed 130% of the federal poverty level. Non-financial criteria for eligibility include additional elements such as county residency, citizenship/alien status and work registration. Maximum food stamp allotments are based on family size (Table 4). According to national estimates, just over half (51%) of food stamp recipients are children.

● A monthly average of 492,993 Hoosiers received food stamps in FY 1995, down 3.4% from the number of recipients in FY 1994. In FY 1995, 41% of the food stamp recipients also received AFDC benefits.

● In FY 1995, the Food Stamp Program, funded entirely by the federal government, brought $397,981,446 to Hoosier supermarkets and grocery stores. This represents a decline of 4.5% from expenditures in FY 1994.

Medicaid. The federal Medicaid Program was created in 1965 as an amendment to the Social Security Act "to furnish medical assistance on behalf of needy families with dependent children, and of aged, blind, or permanently and totally disabled individuals whose incomes and resources are insufficient to meet the costs of necessary medical services.[25] Eligibility criteria are complex. Payments represent a combination of federal and state dollars.

States have been given discretion in the types of services covered. Indiana covers 30 of the 33 services allowed by federal regulations. In FY 1993, Indiana ranked 8th among the states in Medicaid reimbursements per recipient.

● In FY 1995, a monthly average of 476,593 Hoosiers were enrolled in the Medicaid Program, an increase of 5.3% over enrollment in FY 1994. Medicaid enrollees represented 8.8% of Indiana's population. Only 286,484 persons actually received

Table 4. Indiana AFDC and Food Stamp Benefits by Family Size, FY 1995

Family Size	Standard of Need ($)	Maximum AFDC Payment ($)	Maximum Food Stamp Benefit ($)	Combined Benefits as % of Poverty Level
1	155.00	139.00	115.00	40.9
2	255.00	229.00	212.00	52.8
3	320.00	288.00	304.00	56.4
4	385.00	346.00	386.00	58.0
5	450.00	405.00	459.00	58.5
6	515.00	463.00	550.00	60.0
7	580.00	522.00	608.00	59.4
8	645.00	580.00	695.00	60.3
9	710.00	639.00	782.00	61.0
10	775.00	697.00	869.00	61.6
Each additional person	65.00	58.50	87.00	68.2

SOURCE: Indiana Family and Social Services Administration; *Federal Register*

Medicaid services in FY 1995, however. This represents a decline of 6% from FY 1994.

- Medicaid claims payments in FY 1995 totalled $2,021,147,065 – a decline of 13.6% from payments in FY 1994. Only 27% of this amount supported medical care for women and children (all AFDC recipients and non-AFDC children and pregnant women combined). In FY 1994, 31% of Medicaid dollars went to women and children.

The growth of safety-net programs

For more than a decade, expenditures for public assistance increased annually – up more than 250% between FY 1984 and FY 1994. Although the percentage of Hoosiers living below the poverty level continued to increase in 1995, the percentages of Hoosiers receiving benefits and expenditures for public assistance in Indiana fell markedly in FY 1995 (Table 5) for the first time ever. Expenditures for public assistance programs including Medicaid, food stamps, AFDC, Child Welfare, hospital care for the indigent and several smaller programs, as well as costs for program administration, reached an all-time high of $4,277.6 million in FY 1994. Expenditures declined by 18.3% to $3,495.4 million in FY 1995. The primary beneficiaries of "welfare" programs continue to be children.

Nutrition programs

Adequate nutrition is the basic building block of good health. Concern with the proportion of military recruits that were rejected because of insufficient dietary intake, the Department of Agriculture instituted the federal school lunch program in 1946. Since 1974, nutritional support for low-income women, infants and young children has been provided through the WIC program.

Special Supplemental Food Program for Women, Infants and Children (WIC). Authorized by the Child Nutrition Act of 1966, the WIC program provides food assistance, nutritional screening and nutrition education for low-income women at nutritional risk while they are pregnant and for six months following the birth of their children. Nursing mothers may be recertified for an additional six months. Their children may continue to receive WIC benefits from birth up to the age of five. States set the actual income-eligibility level, but it may not exceed 185% of the federal poverty level. Supplemental foods purchased through the WIC program must contain protein, iron, calcium, vitamin A and vitamin C.

The U.S. Department of Agriculture estimated that in 1993, the average monthly cost per WIC participant (including administrative expense) was $39.59.[26] WIC participation is associated with lower incidence of preterm births and low birthweight. Evaluation of the WIC program has shown that each $1 invested saves from $1.92 to $4.21 in Medicaid costs alone, in the first year of a child's life.[27] WIC is not an entitlement program (i.e., a program with benefits available to anyone who meets eligibility criteria). Rather, states receive a fixed sum in the form of a grant from the federal government. This serves to "cap" the services that a state makes

Table 5. Percentage of Indiana Population Receiving AFDC and Food Stamp Assistance, 1990-1995

	Indiana (%)	U.S. Average (%)
AFDC Assistance		
June 1990	2.8	4.0
June 1991	3.1	4.3
June 1992	3.4	4.9
June 1993	3.5	5.3
June 1994	3.5	5.4
June 1995	3.0	4.7
Food Stamps		
June 1990	5.7	7.5
June 1991	7.0	8.0
June 1992	8.2	9.0
June 1993	9.1	9.9
June 1994	9.3	10.5
June 1995	8.0	10.4

SOURCE: Indiana Department of Public Welfare, Annual Reports, FYs 1989, 1990, 1991; Indiana Family and Social Services Administration, Annual Reports, FY 1992, 1993, 1994, 1995.

available to individuals who need them.

- The WIC program in Indiana provided nutritional services to 239,106 women, infants and children, up 4%, from 1992. The WIC/Nutrition Division of the Indiana State Department of Health estimates that 76% of those eligible received benefits. Of the Hoosier women participating in the program, 22.4% entered during the first trimester of pregnancy.

- WIC costs in Indiana were $78.5 million in 1993 up more than 8% (in real dollars) from 1992. The federal grant covered 77% of WIC costs in 1993.

- Of the Hoosiers enrolled in the WIC program, 72% were infants and children younger than age 5, and 81% lived in households with incomes below 100% of the federal poverty level.[28]

Free and reduced-price school meals. American school children have benefited from the National School Lunch Program for half a century. The program was initially a federal response to the nutrition-related poor health and fitness of young military recruits. The School Breakfast Program followed in 1975. In FY 1993, 93,000 U.S. elementary and secondary schools participated in the school lunch program, and 55,000 schools participated in the school breakfast program.

Each of the programs has a three-tiered reimbursement system to participating public and private schools. Children living in households with incomes at or below 130% of the federal poverty level are eligible for a free school lunch; reduced-price lunches are available to children living in households with incomes between 130% and 185% of the federal poverty level. The program also provides a much smaller subsidy for full-price meals available to all children, regardless of family income. During the 1993-94 school year, 47% of the children receiving lunches through the program received free lunches, 7% received reduced-price meals and the remaining 46% paid full price for their meals. Federal subsidies for the three program levels were $1.73, $1.33 and $0.17, respectively. An additional $0.14 in commodity assistance was mandated for each lunch.[29]

All but one school corporation in Indiana (Speedway) has participated in the lunch program for many years. Hoosier students at 2,204 sites (including public and private schools and residential child-care facilities) may enroll in the school lunch program. Since October 1, 1995, any school with more than 25% of its students eligible for free school lunches has been required to participate in the breakfast program as well. Many other schools have voluntarily initiated school breakfast programs. Breakfast is available at 64% of the sites.

- In SY 1994-95, 21.6% of Hoosier students were enrolled in the school lunch program. This is essentially the same as in SY 1993-94 (21.9%).

A smaller, but rapidly growing program, the Child and Adult Care Food Program, also serves many low-income families. This program may offer breakfast, lunch, dinners, and/or supplements (according to the hours a child is there) in day care centers, including those that serve school-age children. Licensed family day-care providers (home-based) may also be eligible to participate.

Other sources of support for families with children

Other sources of income available to families with children include the Indiana Child Support Program and the federal Earned Income Tax Credit.

The Indiana Child Support Program. Children and spouses are often thrown into poverty when the primary breadwinner leaves a household and fails to provide financial support. In about nine in ten cases, the departing parent is the father. The Federal Social Security Act of 1975 (Title 4-D) contained provisions for establishing paternity and collecting child support. Since 1977, the Child Support Bureau of the Indiana Division of Family and Children has administered the four functions of the Indiana Child Support Program: establishment of paternity, establishment of support orders, enforcement of existing support orders and location of absent parents. Paternity actions filed in Indiana courts rose 16.5% from 1987 to 1994 (see Table 17, page 48). Collection and disbursement of child support has increased every year since the program was initiated.

- The Indiana Child Support Bureau collected $177,381,161 from absent parents in FY 1995, up 9.7% from FY 1994.

- The proportion of child support collected on behalf of children not receiving AFDC rose from 62.9% in FY 1994 to 66.6% in FY 1995.

Earned Income Tax Credit. Since 1987, low- and moderate-income working families with children have been eligible for a special tax benefit, the Earned Income Credit (EIC). The EIC program was created to reduce the tax burden on these workers, supplement their wages and make work more attractive than welfare. Benefits are determined by numbers of children (including foster children) in the family and income from full- or part-time work during the tax year. Workers with more than one child, who earned income of less than $26,673 in 1995, could receive an EIC of up to $3,110. Workers must file tax form 1040 or 1040A, and attach Schedule EIC to be eligible for the credit. There are still substantial numbers of workers potentially eligible for the EIC who either do not claim it, mistakenly file form 1040EZ, or fail to attach Schedule EIC. Low-income workers can receive help in preparing their tax forms through a program called VITA (Volunteer Income Tax Assistance).

- More of Indiana's workers than ever before received EIC benefits for Tax Year 1994. For the first time since 1987, growth in the number of Hoosier families receiving the EIC (nearly 30% more than in 1994) exceeded growth in the nation as a whole (26%).

- For Tax Year 1994, 361,523 Hoosier families received an average EIC benefit of $1,057. Total EIC benefits brought $277,555,000 into the Hoosier economy, 38% more than in Tax Year 1993.[30]

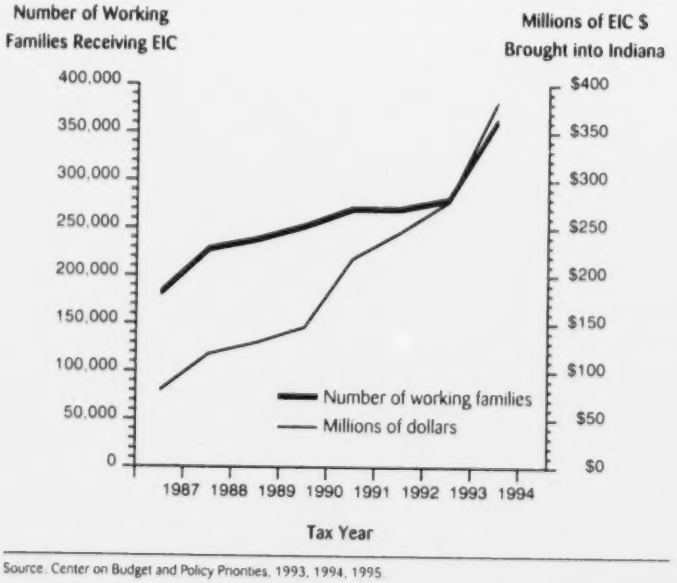
One survey found that nine in ten recipients of the EIC used the extra dollars to pay bills.[31] This means that most EIC dollars go directly into a state's consumer economy. Growth in the use of the EIC and benefits to the Hoosier economy is traced in Figure 2. Although deficit-reduction plans considered by Congress in 1995 included substantial cuts in the EIC, more recent proposals are expected to be much more modest in their impact on families and children.

State Earned Income Tax Credits. Indiana currently collects state income taxes on income in excess of $4,000, the same as a decade ago in 1986. Only Illinois still has a tax threshold as low as Indiana's. The average tax threshold for a two-parent family of four for all states for Tax Year 1994 was $13,129, up an average of $5,827 over the average threshold of $7,037 in 1986. Although Indiana's income tax rate of 3.4% is relatively low, when tax thresholds are also low, state income tax burdens fall heavily on families living below the poverty level. Six states have sought to provide tax relief for low-income working families through state earned income tax credits that range from 6.5% to 50% of the federal EIC.[32] Given the regressiveness of Indiana's current tax policy and the large and accumulating state budget surplus – $1.3 billion and growing – the time may have come for Indiana to consider a state earned income credit for its working poor families.

Welfare Reform in Indiana

Senate Enrolled Act 478 was passed by the Indiana General Assembly with bipartisan support in 1995. Indiana's plan for reforming welfare includes a comprehensive approach to public assistance that emphasizes "work first," personal responsibility, accountability and partnerships with private employers, businesses and local communities. The legislation required formation of local and regional planning

Figure 2. Growth in Use of the Earned Income Credit (EIC) by Indiana Working Families, 1987-1994



Source: Center on Budget and Policy Priorities, 1993, 1994, 1995.

councils that were charged with developing action plans that would anticipate the impact of welfare reform on their communities. Every county and each of the designated regional planning areas responded. Councils began meeting in July 1995 and met regularly throughout the rest of the year. The Indiana Human Resource Investment Council compiled and analyzed the local and regional plans and published findings in a three-volume report issued in February 1996.[33]

The Council identified three conditions needed for welfare reform to succeed that provide a framework for creating a statewide perspective from recommendations in the local and regional plans.

- **"Work first"** and the need to adopt an "intensive care" approach to serving the immediate needs of recipients and local communities. Welfare reform in Indiana is based on the premise that public assistance should be a temporary situation; a clear plan for becoming self-sufficient is a criterion for eligibility.
- An effective system of **"transitional support services"** must be deployed to bridge the gap between public assistance and self-sufficiency. Essential support services identified included adequate child care, reliable transportation, affordable medical care, education and skills training and low-cost housing opportunities.
- **"Maintaining self-sufficiency"** by welfare recipients once the time limits for assistance are reached and supportive services are no longer available will depend on access to the same economic resources available to other members of the community. Factors needed include wages that provide economic self-sufficiency, effective child-support collection efforts and opportunities for asset building.

The local and regional council reports reflected a strong sense that local communities should assume responsibility for making welfare reform successful at the local level through continuing the collaborative approach that characterized planning efforts. They stressed the need to find innovative ways of sustaining self-sufficiency for Hoosier families through creating working partnerships among the federal government, state government and local communities.

Protecting Indiana's Children

Child abuse and neglect

Trends in reported child abuse and neglect in Indiana have paralleled the rising trends for the nation as a whole. In FY 1987, 29,344 children were investigated for abuse or neglect. By FY 1991, the investigations of abuse and neglect had more than doubled and involved 61,027 children. Between FY 1991 and FY 1994, investigations fluctuated in number, but remained high. Between FY 1994 and FY 1995, however, there was a sharp 11% increase in the number of investigations and an even larger increase, of 15%, in the number of children involved (see Figure 3, p. 20).[34]

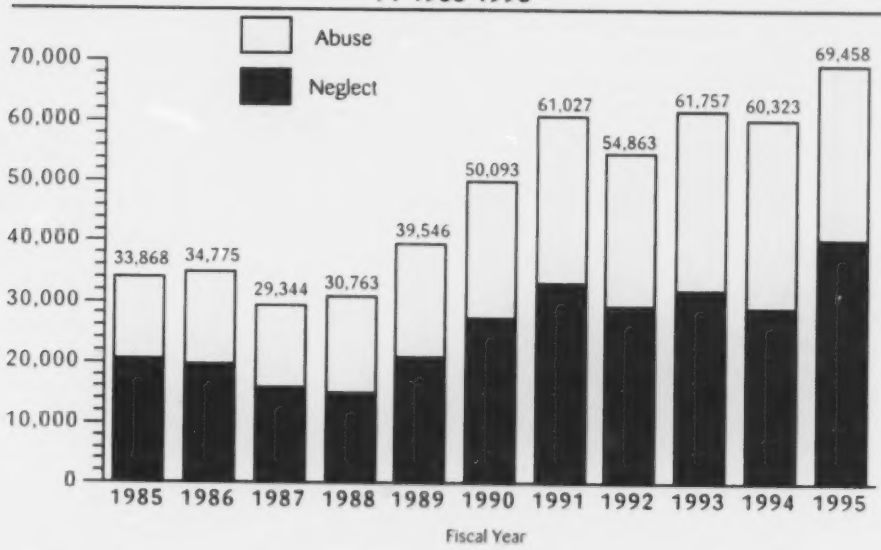
- There were 45,183 investigations of abuse and neglect involving 69,458 children in FY 1995. Following investigation, 36.0% of the reports of abuse and 39.2% of the reports of neglect were found to be substantiated or indicated.[35] Early in 1995, the "indicated" category was eliminated in reports of investigations. In FY 1996, only cases substantiated abuse and neglect are being compiled.
- In FY 1995, 5,486 young Hoosiers were physically abused and 5,077 were sexually abused. Another 15,744 children were neglected (see Table 6, p. 20).
- The rate of substantiated and indicated cases of abuse and neglect declined from 18.8 per 1,000 children in FY 1994 to 18.1 per 1,000 in FY 1995. Phasing out the "indicated" category accounts for the decline.[36] Substantiated cases actually rose from 29.2% of all children involved in investigations in FY 1994 to 35.9% in FY 1995.

Institutional abuse

One of the cruel ironies affecting children in the care of institutions designed to protect them is that abuse and neglect can take place here, as well.

- In FY 1995, substantiated and indicated cases of abuse and neglect of children in institutional care rose from the previous year. Ninety-four children in

Figure 3. Reported Cases of Abused and Neglected Children in Indiana FY 1985-1995



SOURCE: Indiana Department of Public Welfare, Annual Reports, FYs 1989, 1990, 1991; Indiana Family and Social Services Administration, Annual Reports, FYs 1992, 1993, 1994, 1995.

Table 6. Substantiated and Indicated Cases of Child Abuse and Neglect in Indiana, FY 1990-FY 1995

	Fiscal Year					
	1990	1991	1992	1993	1994	1995
Noninstitutional						
Substantiated and indicated cases:						
Neglect	14,111	17,332	15,825	15,333	14,324	15,744
Sexual abuse	6,229	6,912	6,729	7,571	6,851	5,077
Physical abuse	6,535	8,040	7,141	7,177	6,126	5,486
Rate of substantiated and indicated noninstitutional cases per 1,000 children under age 18	16.6	22.2	20.4	20.7	18.8	18.1
Institutional						
Substantiated and indicated cases:						
Neglect	63	62	59	77	45	94
Sexual abuse	154	155	132	254	137	177
Physical abuse	186	178	171	138	81	139
Total cases all types	27,278	32,679	30,057	30,550	27,564	26,717

SOURCE: Indiana Department of Welfare, Annual Reports, FYs 1990, 1991; Indiana Family and Social Services Administration, Annual Reports, FYs 1992, 1993, 1994, 1995.

institutional care were victims of neglect; 177 were sexually abused and 139 were physically abused.

- Institutional neglect was most likely to be substantiated in unlicensed/exempt child care homes and in foster homes. Substantiated sexual abuse took place in residential facilities, unlicensed/exempt child care homes, foster homes, state institutions and hospitals. Substantiated physical abuse was most likely to take place in unlicensed/exempt child care homes, foster homes and schools.

Fatalities

Between July 1, 1994, and June 30, 1995, 44 Hoosier children, 32 of them younger than age 4, died from abuse and neglect – a sharp drop from the 56 deaths in the previous state fiscal year (FY 1994). In the nine-year period from FY 1987 through FY 1995, 369 Hoosier children died from abuse and neglect (Figure 4).

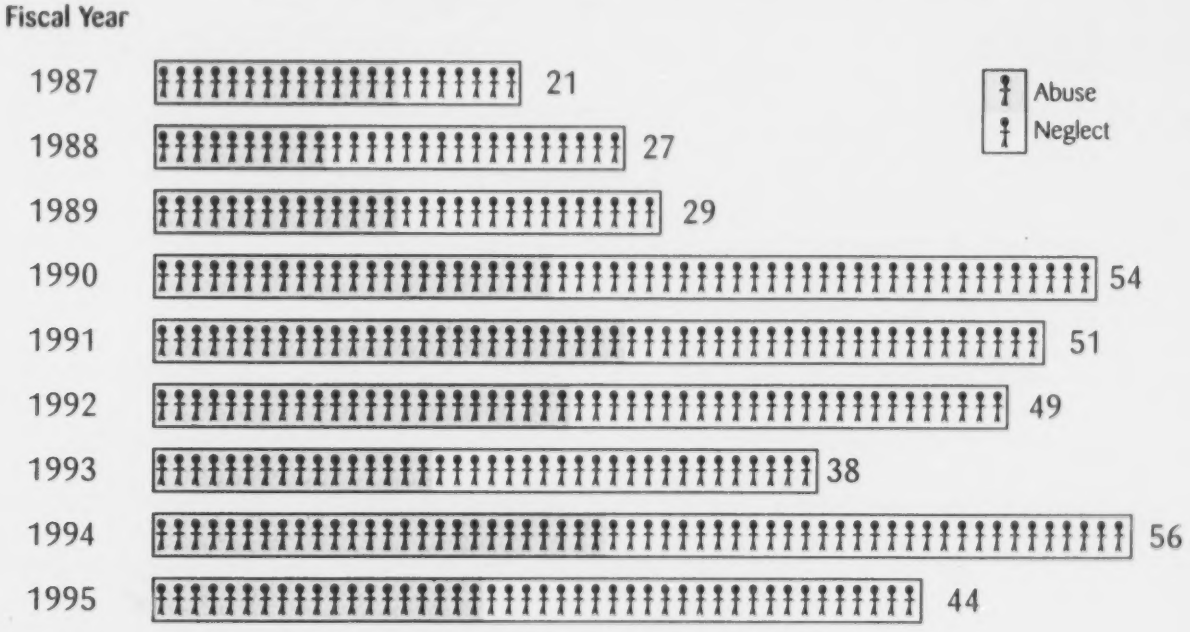
- In FY 1995, 19 children died from abuse and 25 died from neglect. Nearly two-thirds (28) were boys; 45% (20) were infants who had not reached their first birthdays; 73% (32) were younger than age 4, but 9% (4) were ages 13 to 17. Four of the children died in foster homes, a licensed child care home or a state institution; 45% (20) lived in a single-parent home and 30% (13) lived with two parents.

- Fifty-nine perpetrators were identified with the abuse/neglect deaths; 42% (25) were male, and 58% (34) were female. Two thirds (39) were birth parents, and 14% (8) were friends of parents. Other perpetrators included foster parents (4), step-parents (2), other relative (1), babysitter (2) and institution staff (1). Four deaths occurred in institutional settings. Only two perpetrators had no relationship to the dead child.

The Child Protection System

Indiana's Child Protection Services remains stressed by the large and growing volume of cases, but the system has undergone marked changes during FY 1995. In 1993, the Indiana General

Figure 4. Child Fatalities from Abuse and Neglect FY 1987-FY 1995



SOURCE: Prepared by the Indiana Youth Institute from data supplied by Indiana Family and Social Services Administration

Assembly passed H.B. 1650 into P.L. 142-1993. With strong bipartisan support, this legislation grew out of 16 unanimous recommendations from the Commission on Abused and Neglected Children and Their Families, established by the General Assembly in 1992. Box C (see pp. 24 & 25) contains a summary of legislative and administrative progress made toward implementing the Commission's recommendations through the end of calendar year 1995. Some highlights include:

- Increasing the number of child welfare caseworkers from 470 in July 1992 to 688 in July 1995. Reclassification of these positions added requirements for additional education or professional experience, but also raised annual starting salaries for "family case managers," as these workers are now called, to $26,182.

- Enhanced Family Preservation and Support Services began in 68 Indiana counties in January 1996. Healthy Families Indiana (HFI) programs to prevent child abuse and neglect in high-risk families are in place in 23 Indiana counties. An additional 14 counties are developing HFI programs under the Family Preservation and Support initiative.

- Since May 1994, a toll-free hotline has been available for reporting suspected child abuse and neglect.

The Marion County Consent Decree

In 1989, the Marion County Department of Public Welfare and the Indiana FSSA were charged with violation of the constitutional rights of children under their protection. By July 1992, all parties to the lawsuit had entered a consent decree covering all issues in the action. One issue was the size of caseloads, which were to be reduced to no more than 25 Child Protection Services (CPS) investigations per month; no more than 35 Children's Services (CS) cases (CHINS, informal adjustments, service referral agreements) at any given time, and no more than 30 mixed CPS/CS cases at any given time. FSSA has made substantial progress in extending the terms of the consent decree to all Indiana counties.

- With 92 counties reporting, as of October 31, 1995, caseload averages were 23 CPS investigations per month; 42 Children's Services cases per worker, and 27 mixed CPS/CS cases per worker.

Corporal punishment

The 1993 Commission also recommended that corporal punishment be banned in Indiana schools, state licensed group homes, child care institutions and foster homes. Progress in meeting this recommendation has been more marked in settings were FSSA has jurisdiction than in the schools. For example, corporal punishment has been banned in child care centers. Many discipline policies for group homes, child care institutions and foster family homes also ban corporal punishment. Legislative efforts to ban corporal punishment in all Indiana public schools have consistently failed; however, many school corporations have exercised local option and banned the practice of paddling or otherwise physically punishing students.

The Children's Trust Fund

In January 1995, the "Kids First" license plates became available to Hoosier motorists. Promoted by three organizations (The Children's Coalition of Indiana, the Indiana Chapter for the Prevention of Child Abuse, and the Marion County Auditor's Office), each special plate added $25 to the Children's Trust Fund. By the end of the year, the fund had gathered $1.8 million to be distributed through a competitive grant process for conducting innovative local programs to strengthen families and prevent the abuse and neglect of Hoosier children. The first grants will be awarded in mid-1996.

Educating Indiana's Children

The national education goals

In 1989, the nation's governors held a historic "summit" meeting at which they set six national education goals to be achieved by the year 2000 (see Box D, p. 26). Two additional goals were added later. The Goals 2000: Educate America Act of 1994

made the education goals federal policy. In Indiana, as throughout the U.S., these goals are shaping education policy and practice. The annual assessments of progress by the states have been discouraging, demonstrating that achievement of these goals by the year 2000 was overly optimistic. The governors met early in 1996 to reassess the goals.

Adult educational attainment and literacy levels

The educational attainment and literacy and numeracy skills of the adult labor force strongly influence the capacity of a state to attract and keep well-paying jobs. Parents' education levels and literacy skills also exert a strong influence on the educational progress of their children. Thus, it is dismaying to find educational attainment among Hoosier adults among the lowest in the nation. The 1990 census found that only 15.6% of Hoosier adults age 25 and older had earned bachelor's or higher degrees, compared with 20.3% of all American adults. In 1993, 79.2% of Hoosier adults ages 25 and older (compared with 80.2% nationally) had earned high-school diplomas.[37] Concern for Education Goal 5 (see p. 26) that deals with adult literacy and workforce skills led to Indiana's participation in a large-scale study, the National Adult Literacy Survey. More than 1,400 Hoosier adults ages 16 and older were interviewed in 1992.

The survey took a new approach to adult literacy and assessed various degrees of skill in prose, document and quantitative literacy. Prose literacy relates to the knowledge and skills needed to understand and use information from texts such as editorials, news stories, poems and fiction or to interpret instructions from a warranty. Document literacy relates to the knowledge and skills required to locate and use information in materials such as job applications, transportation schedules, maps, tables and graphs. Quantitative literacy relates to the knowledge and skills required to apply arithmetic operations such as balancing a checkbook, figuring out a tip, completing an order form or calculating the amount of interest from a loan advertisement.

The scores on each scale were divided into five levels of attainment.[38] Although the scale scores cannot easily be related to literacy requirements of particular jobs, attainment of Level 3 or higher skills greatly enhances capacity to use printed and written information to function in society, achieve one's goals and develop one's knowledge and potential. The average scores of Hoosier adults fell at the low end of Level 3 on all three scales – slightly higher than scores for the nation as a whole. A closer look at the distribution of scores is not encouraging, however.

- Fifteen to 17% of Hoosier adults demonstrated skills that fell into Level 1. Some in this group could perform simple routine tasks involving uncomplicated texts. Others scoring at this level had such limited skills that they were unable to respond to much of the survey.

- Twenty-seven to 29% of Indiana respondents performed at Level 2. Adults in this group could carry out somewhat more challenging tasks, but had difficulty with tasks that required integration or synthesis of information from more complex texts.

- Thirty-four to 37% performed at Level 3. They could understand and integrate information from texts and perform basic arithmetic tasks.

- Seventeen to 19% of the respondents performed at Level 4, and 2 - 4% reached the highest level (Level 5). These adults demonstrated the ability to perform the most challenging tasks in the assessment.[39]

The implications of the literacy study are sobering. Nearly half (42-46%) of the current adult labor force may not have the literacy and numeracy skills to meet the demands of life-long learning that will be needed to keep them in well-paying jobs in the workforce of the 21st century. Low levels of adult educational attainment and literacy also have an impact on children. The average scores of parents who often read to their children were higher than the average scores of all adults. The *High Hopes, Long Odds* study found that children of parents with more education were more likely to be setting realistic goals for the future and making progress toward meeting those goals.[40]

Scores on national tests

It is always somewhat risky to compare the average test scores of students from one state with those of another because of the many differences

Box C. Progress to Date on Recommendations of the Commission on Abused and Neglected Children and Their Families

Significant Progress:

Implementation of a computerized risk evaluation system.

A contract was awarded to UNISYS for development of a comprehensive Indiana Child Welfare Information System (ICWIS); Indiana will receive 75% federal funding for ICWIS. Pilot offices began testing the system in May, 1996; 1,237 computers have been delivered to child welfare caseworkers or are on order.

Smaller caseload standards for child welfare caseworkers.

The goal is to achieve no higher than 25 new Child Protection Services (CPS) investigations per month; supervision of no more than 35 children at any given time by a Children's Services (CS) caseworker; and no more than 30 mixed CPS/CS cases at any given time.

On July 1, 1995, a total of 688 child welfare caseworker positions were available in Indiana's 92 counties. With all 92 counties reporting, as of October 31, 1995, caseload averages were: Child Protection Services (CPS) - 23 new investigations per month; Children's Services (CS) (CHINS, Informal adjustments, service referrals) - 42 children under supervision at any given time; Mixed CPS/CS - 27 families and children at any given time.

Reclassification and increased compensation of child welfare caseworkers.

Beginning July 1, 1995, child welfare caseworkers were reclassified as family case managers and were upgraded 3 levels to a base salary of $26,182. A second level at an entry point was created to provide new workers with opportunity to gain experience in the field.

Increased education and training of child welfare caseworkers.

Reclassification added additional college credits and/or years of experience as eligibility criteria for child welfare caseworkers. FSSA is implementing competency-based training for child welfare staff; to date more than 150 child welfare supervisors and Division of Family and Children directors have been trained.

Maximized funding for child welfare services.

Title IV-E Foster Care reimbursements grew from $3 million in FY 1990 to $21.7 million in FY 1995. Counties have received $13 million in retroactive payments and $17 million in new Title IV-A Emergency Assistance funding.

Implementation of comprehensive family preservation services.

Step Ahead Councils in all 92 counties have developed 5-year plans for enhancing Family Preservation and Support Services. Contracts were in place and services began in January 1996; funding totaled $2.25 million. Indiana received a Title IV-E waiver permitting use of foster-care funds to provide community-based "wrap-around" services to children and their families.

Expedited permanency planning for children.

The Division of Family and Children (DFC) developed and tested a quality assurance (QA) system for case planning, case review and adherence to state policy. Information from the QA review is used to identify needs for training and changes in practice that will lead to more efficient and effective service to children and families.

Development and implementation of plans for child abuse and neglect prevention programs.

FSSA in collaboration with other public and private agencies created the Healthy Families Indiana (HFI) program to prevent abuse and neglect in families identified as "at-risk." HFI is in place in 23 counties; 14 more program sites are being developed. Of 1,048 families participating in HFI, only 10 had substantiated reports of child abuse and neglect. FSSA has funded other prevention programs, including Parents Anonymous groups and school-based projects to teach conflict resolution.

Annual review of the Commission's recommendations and arrangement for periodic external audits of child welfare services in Indiana.

The DFC Advisory Committee will review child welfare and family violence issues quarterly. Teams of county DFC and Central Office DFC staff will conduct periodic internal audits for quality assurance and management. DFC presented an annual status report at the annual conference of the Indiana Chapter, National Committee for the Prevention of Child Abuse.

Standardization of the phone access system to report suspected child abuse and neglect in all counties.

A toll-free hotline (800/800-5556) was established in May 1994 for reporting suspected child abuse and neglect.

Development and implementation of protocols and guidelines for criminal history background checks of professionals and paraprofessionals working with children.

Criminal history checks are required for applicants and employees of licensed child care centers and homes, registered child care ministries, foster family homes, group homes and child-caring institutions. When implemented, ICWIS will include procedures that give access to certain information about a person who has applied for a position of trust involving children.

Some progress:

Amendment of regulations to allow the exchange of information between child welfare personnel and professionals providing evaluation and treatment services to children in the child welfare system.

P.L. 142-1993 strengthened county child protection teams and permitted teams to receive complaints about the conduct of CPS. The 92 Step Ahead Councils are reviewing staffing and agency involvement in permanency planning for children in the child welfare system. The Indiana Collaboration Project has developed model information-sharing tools for use across agencies.

Increased availability of low-cost or subsidized mental health services.

Use of the Medicaid Rehab Option (MRO) has expanded mental health services available to children and their families through the Community Mental Health Centers; nine counties have used the MRO to expand home-based family preservation services and therapeutic foster homes.

Elimination of the statutes of limitations on incest and child sexual abuse in civil and criminal cases.

P.L. 232-1993 barred prosecution for child molesting, incest, and other sex crimes unless prosecution has begun before the alleged victim reaches age 31. It did not eliminate the statue of limitations.

Demonstration projects to link township trustee offices and county Division of Family and Children offices to expedite emergency assistance to families receiving family preservation services.

Beginning in July 1993, Indiana implemented title IV-A Emergency Assistance. In December 1994, Indiana received federal approval for five pilot projects to link the efforts of township trustees, county DFC offices and other community partners. Implementation is pending until final Congressional action on the Temporary Assistance to Needy Families Block Grant.

Little progress:

Banning corporal punishment in Indiana schools, state licensed group homes, child-caring institutions and foster homes.

Corporal punishment is banned in child care centers. Guidelines governing care of DFC children depend on the child's age, reason for coming into care, and special needs. For many children, corporal punishment is not permitted. Group homes, child-caring institutions and foster family homes must comply with discipline policies, many of which ban corporal punishment.

SOURCE: Division of Family and Children, Indiana Family Services Administration. Progress estimates made by IYI.

Box D

National Education Goals

By the year 2000:

1. All Children in America will start school ready to learn.
2. The high-school graduation rate will increase to at least 90 percent.
3. American students will leave grades four, eight and twelve having demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and government, economics, art history and geography; and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning and productive employment in our nation's modern economy.
4. U.S. students will be first in the world in science and mathematics achievement.
5. Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and to exercise the rights and responsibilities of citizenship.
6. Every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.
7. The nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.
8. Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional and academic growth of children.

that prevail in test-taking circumstances. The practice continues, however, as a means of assessing progress toward the national education goals.

- In 1994, 66% of Hoosier 4th-graders, compared with 59% nationally, scored at or above the basic proficiency level in reading on the National Assessment of Education Progress (NAEP) conducted by the U.S. Department of Education.
- Sixty-two percent of 4th-graders in Indiana, compared with 59% nationally scored at or above the basic proficiency level on the NAEP mathematics assessment in 1992.[41]

Students in Indiana's high schools consistently score below the national average on college entrance examinations. A recent study of the 1993 Scholastic Aptitude Test (SAT) revealed that Indiana students scored an average of 869 (out of a possible score of 1600), placing them 47th among the 50 states. After adjusting the findings for percentage of students taking the test (61% in Indiana), Hoosier students still only placed 43rd place.[42] Findings of this study are very similar to earlier studies that found Indiana students' scores in the bottom third or fourth among the states, regardless of adjustment methodology employed.[43]

High-school graduation

High-school graduation has become the minimum standard for entry into "a good job." Nationally, young adults without high-school diplomas were found to be twice as likely to be living below the poverty level in 1989 than were high-school graduates.[44] Indiana estimates the annual high school graduation rate as the probability that a student entering grade 9 will complete high school. The graduation rate for a given graduating cohort is calculated from the percentage of students who dropped out each year, from grades 9 to 12. Between School Year (SY) 1988-89 and SY 1992-93, Indiana schools made consistent progress in increasing high-school graduation rates. Indiana's graduation rate reached an all-time high of 83.4% in SY 1992-93. The following school year, the high-school graduation rate declined very slightly to 82.6%.

- At 82.6%, the high-school graduation rate in SY 1994-95 remained the same as in SY 1993-94.

- Nine Indiana counties exceeded the National Education Goal of a 90% graduation rate in SY 1994-95: Boone (92.1%); Dearborn (90.4%); Dubois (91.1%); Hancock (91.9%); Hendricks (92.1%); Porter (91.1%); Spencer (91.1%); Union (95.7%), and Warren (90.4%).

Dropping out of school

The Indiana Department of Education calculates an annual dropout rate based on the number of students in grades 7 through 12 who leave school prior to graduation. The pattern in dropout rates is consistent with those of high-school graduation rates. After declining for five years in a row, Indiana's annual dropout rate rose slightly to 3.01% in SY 1993-94 and again in SY 1994-95, to 3.06%. While neither of these increases was statistically significant, it is disturbing that dropout rates seem to have stagnated.

- In SY 1994-95, 13,609 students dropped out of grades 7 to 12 prior to graduation. Of these, 6,709 had a tenth-grade education or less.

- Typically, few students drop out of grades 7 and 8. A more useful rate is the percentage of students dropping out of grades 9 to 12. In SY 1994-95, the percentage of high-school dropouts was 4.6%, down from 6.8% in SY 1988-89.

- The 4-year cumulative dropout rate for Indiana high schools was 17.4% in SY 1994-95. In 10 counties, one-fourth or more students dropped out of high school prior to graduation: DeKalb (25.4%); Fayette (26.1%); Franklin (26.3%); Jefferson (27.3%); Morgan (26.1%); Pike (25.0%); Rush (29.4%); Starke (28.0%); Vanderburgh (26.0%) and Vigo (26.9%).

In the "exit interviews," conducted by school personnel when a student leaves school, the most frequent reason given for dropping out was lack of interest in the curriculum (50%). The second most frequent reason (9%) given for dropping out – "incorrigibility" – involves a label that few students are likely to apply to themselves. Indiana does not compile information on expulsions. The proportion of dropouts labelled "incorrigible" may be the best estimate available.

- Only 619 young women gave pregnancy as the reason for dropping out, yet more than 4,000 women younger than age 18 gave birth in FY 1995. Some of these young mothers may not have dropped out, for many school corporations have developed programs that encourage young mothers to stay in school until they graduate.

Indiana is stepping up efforts to bring school dropouts back to school or into GED programs, including the GED-on-TV that permits adults to work on the high-school equivalency program at home. In 1993, 11,882 Hoosier adults successfully passed the GED examination.[45]

Retaining students in grade

For several years, educators have been rethinking the traditional strategy of "holding back" students not achieving at grade level. Numerous studies have found that being over-age for grade is a significant factor in dropping out of school. Students who have repeated one grade are more than five times as likely to drop out as are students who have made regular progress through the grades. Nearly all students two years or more behind drop out.[46]

In SY 1994-95, 13,310 students were retained in grade, a drop of more than 5% from the figures for SY 1993-94. Retention-in-grade patterns vary markedly by the gender and race/ethnicity of students (see Table 7, p. 28).[47]

Increases in funding approved by the General Assembly in 1995 are expected to make remediation possible for many more Hoosier students. Remediation is expected to boost the numbers of students able to perform at grade level.

Educating special populations

Education for most Hoosier children with special needs is governed by a policy of free and appropriate education. Students are to be enrolled in the least restrictive environment possible, i.e., in neighborhood schools and in age-appropriate general educa-

tion settings where special education services are provided as needed. The number of students receiving special education services in Indiana's schools has been growing steadily since the 1970s. Between SYs 1990-91 and 1994-95, special education enrollments have grown 21%. In the same period, state funding for special education increased 33%.

- In SY 1994-95, 127,079 children received special education services in Indiana's public schools – up 6.2% from the previous school year. During the same period, school enrollment increased only 0.4%. Areas of exceptionality are listed in Table 8.

At-Risk programs

Since 1987, the Educational Opportunity Program for At-Risk Students has provided local school corporations with funds earmarked to implement programs to benefit students determined to be at risk. Students defined as "at risk" were experiencing or had the potential for academic failure. Local programs address such "indicators of risk as low academic achievement, low self-esteem, discipline problems, delinquent and/or disruptive behavior, poor attitude toward school and teachers, and poor school attendance."[48]

In SYs 1993-94, and 1994-95, revised regulations sent earmarked funds only to schools with an at-risk index of .20 or higher. This index is based on factors that research has found to be associated with children's difficulties in school. The index is created from 1990 Census data for each school corporation and includes indicators such as the percentage of parents without a high-school diploma, percentage of children in single-parent families, and percentage of children in poverty. In SY 1995-96 the state regulations changed again, lowering the at-risk index to .15 for earmarked funds. Schools that had previously received at-risk dollars under the 1988 legislation did not lose these monies, however, but the funds were folded into the general allocation and could be spent at the discretion of the school corporation. Corporations not meeting the revised index figure have had the option of continuing to fund at-risk programs or of using the former at-risk funds in other ways.

- In SY 1994-95, 257 programs served 169,035 students in 66 school corporations receiving funds mandated for support of at-risk student programs. In SY 1993-94, 239 programs in 67 school corporations received mandated at-risk support for programs serving 146,604 students.[49]

State guidelines have provided school corporations with a broad set of program options. During SY 1994-95, among the most frequent program choices were expanded use of school counseling (55), mentoring (34), and home school advisors (17) who serve as liaisons between families and school personnel. Thirty-six schools are using mandated at-risk funds to develop alternative education models. There

Table 7. Indiana Public School Enrollment, All Grades, and Retention-in-Grade, by Gender and Ethnicity, 1994-95 School Year

	Male					Female				
	Students Enrolled		Students Retained		Rate per 1,000 Students Enrolled	Students Enrolled		Students Retained		Rate per 1,000 Students Enrolled
Ethnic Group	No.	%	No.	%		No.	%	No.	%	
White	428,390	85.8	5,652	67.9	13	401,171	85.5	3,194	64.0	8
Hispanic	10,955	2.2	280	3.4	26	10,094	2.2	200	4.0	20
Black	54,995	11.0	2,346	28.2	43	53,421	11.4	1,556	31.2	29
Asian-American	3,882	.8	30	.4	8	3,825	.8	27	.5	7
American Indian	846	.2	15	.2	18	778	.2	10	.2	13
Total	499,068	100.0	8,323	100.1	16.7	469,289	100.1	4,987	99.9	10.6

Note: Columns may not total 100% because of rounding.

SOURCE: Indiana Department of Education.

were 87 alternative schools or alternative education programs within Hoosier schools in SY 1994-95.

Plans for postsecondary education

Graduating high-school seniors are surveyed regarding their plans for postsecondary education. In SY 1993-94, the latest year for which information is available, 55,995 students completed the survey. Of these, just over two-thirds (67.4%) reported that they intended to pursue some form of postsecondary education. In SY 1992-93, postsecondary education was planned by 66.7% of the graduating seniors.

- In SY 1993-94, 49.6% intended to enroll in a four-year institution; 8.1% in a vocational, technical or trade program; 2.5% in a business program; 1.4% in nursing, and 5.8% in less than a four-year program.

Actual enrollment figures reveal that substantial numbers of high-school graduates do not actually pursue their plans. When asked about barriers to achieving their dreams, both parent and student respondents to the *High Hopes, Long Odds* surveys most often named the costs of postsecondary education.

21st Century Scholars program

In 1990, Governor Bayh asked Hoosier at-risk 8th-graders to pledge not to take drugs, to study hard, to graduate from high school and to apply successfully to a postsecondary institution. In return, candidates were promised a financial assistance scholarship to any Indiana public college or university. Students wishing to attend a private institution would receive a scholarship equal to the tuition at a public institution. The first 21st Century Scholars – 6,000 of them – graduated from Hoosier high schools in May 1995. Of these, some 2,500 scholars enrolled in postsecondary institutions the following fall.[50]

Table 8. Unduplicated Count of Indiana Students Receiving Special Education Services by Exceptionality Area, SYs 1993-94 and 1994-95

	School Year		%
	1993-94	1994-95	Increase
Mentally handicapped	18,339	21,239	15.8
Hearing impaired	1,099	1,266	15.2
Speech impaired	41,070	42,045	2.4
Visually handicapped	440	548	24.5
Seriously emotionally handicapped	6,957	7,709	10.8
Physically handicapped	848	1,060	25.0
Other health impaired	580	1,024	76.6
Specific learning disabled	48,963	50,166	2.5
Deaf/blind	47	81	72.3
Multiple handicapped	598	799	33.6
Traumatic brain injured	201	265	31.8
Autism	487	877	80.1
Total special ed. enrollment	119,629	127,079	6.2
School enrollment	964,352	968,391	.4
Percent of Indiana students receiving special education services	12.4	13.1	--

SOURCE: Indiana Department of Education, Division of Special Education, 1994-95 Statistical Report.

21st Century Scholars Parents' Project

Hoping to help families provide an environment that would encourage academic achievement, nine support groups for parents and guardians of 21st Century Scholars were established around the state. Parents who sign the enrollment contract agree to commit to their children's education. They also agree to support the future of their communities and to enlarge their skills as parents and citizens.[51]

Health and well-being

Healthy People 2000

The Healthy People 2000: National Health Promotion and Disease Prevention Objectives, unveiled by the Secretary of the U.S. Department of Health and Human Services in 1990, represent a national strategy for improving the health of the American people. The Healthy People 2000 initiative has three broad goals: to increase the span of healthy life for Americans, to reduce health disparities among Americans and to ensure that all Americans achieve access to preventive services.[52] Using indicators from 1987 as benchmarks, the U.S. Public Health Service monitors progress toward meeting more than 300 specific objectives. Indiana, along with most other states, is working toward meeting the Healthy People 2000 Objectives. Throughout this section, references will be made to Indiana's progress.

Prenatal care

Both beginning care during the first trimester of pregnancy and maintaining a regular schedule of prenatal visits are critical factors in ensuring the health of both mother and child. An expectant mother who does not receive prenatal care is three times more likely to deliver a low-birthweight infant. The smaller the infant at birth, the more likely it will begin life with a compromised future. Nationally in 1992, 78% of pregnant women received first trimester care, but nearly one in four (22%) did not. Provisional figures for 1993 mark a second year of gradual improvement: 79% began care in the first trimester. Although first trimester care increased across all racial/ethnic groups, disparities remain. Among white mothers, 82% received early care. The corresponding figures were 66% for Black mothers, 63% for American Indians, 78% for Asian-Americans, and 67% for Hispanics.[53] At this rate of progress, the goal of 90% receiving first-trimester care will not be met nationally by the year 2000. The pattern of care in Indiana closely follows national trends.

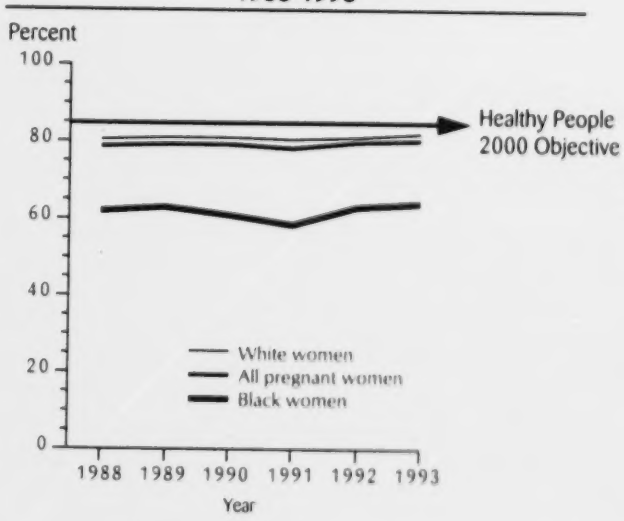
- Provisional figures show that in 1993, 79.9% of all women began early care (see Figure 5). The percentage for white women was 81.9%; for Black women, 64.0%, and for other women of color, 82.3%.

- Only two Indiana counties, Bartholomew and Dubois, achieved the Year 2000 Objective in 1993 with just over 90% of mothers receiving early care.[54]

Low birthweight

Weight at birth is the best predictor of an infant's overall health. Babies who weigh less than 2,500 grams (5.5 pounds) account for more than three-fourths of infant deaths occurring in the first 28 days of life. Very low birthweight – less than 1,500 grams (3.3 pounds) – increases the hazards for an infant. Low birthweight may be the result of preterm birth, of prenatal growth retardation, or both. Low birthweight is associated with the age, health and nutrition of the mother, her socioeconomic status, the adequacy of her prenatal care, and her use of tobacco, alcohol and other drugs. The incidence of low birthweight has actually worsened in recent years (Figure 6). Nationally, low birthweight increased from 7.1% to 7.2% of all live births between 1992 and 1993. Low birthweight increased by 3% among

Figure 5. Percent of Mothers Who Received Prenatal Care in the First Trimester of Pregnancy, Indiana, 1988-1993



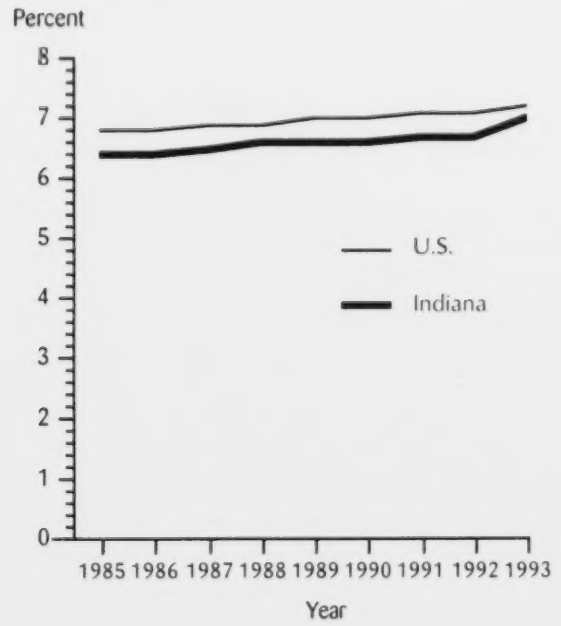
SOURCE: Indiana State Department of Health, Data Analysis Team, 1995.

infants born to white mothers (from 5.8% to 6.0%) and remained unchanged, at 13.3% for infants born to Black mothers. Rates of very low birthweight remained stable at 1.3% (and 3.0% for infants born to white and Black mothers respectively). Year 2000 Objectives seek to reduce the incidence of low birthweight to 5% and very low birthweight to 1%.[55]

- Indiana is not making much better progress toward the Year 2000 Objective for low birthweight than is the nation as a whole. In 1987, the base year for measuring progress, 6.5% of Hoosier infants were born at low birthweight. The proportion rose to 6.7% in 1991 and 1992, and rose again, to 7.0% in 1993. Rates for infants born to Black mothers were more than twice as high (13.0%) than those among infants born to white mothers (6.3%) in 1993. It is encouraging to find that eighteen counties had rates of low birthweight of 5% or less in 1993.[56]

Figures for very low birthweight in 1993 were not available at the time this report was published.

Figure 6. Percent Low Birthweight Babies, Indiana and U.S., 1985-1993



SOURCE: KIDS COUNT Data Book 1996; Indiana State Department of Health, Data Analysis Team; National Center for Health Statistics.

Age of the mother

Very young mothers are more likely to give birth to infants of low birthweight. In Indiana, incidence of low birthweight declines as the age of the mother increases (see Figure 7, p. 32).

- About one in six (15%) infants born to a Hoosier mother younger than age 15 is low birthweight. The incidence drops to about one in fifteen (6.7%) among infants born to mothers age 20 or older.

Outcomes related to low birthweight

Modern neonatal technology has greatly improved the survival prospects for infants born too soon or too small, but many of these children who do survive are faced with life-long problems. Follow-up studies of very small infants have found increased physical disabilities such as cerebral palsy, visual and hearing impairments, and slowed growth progress. Many of these children also have low intelligence, limited academic skills, poor visual-motor functioning, poor gross-motor functioning and poor adaptive functioning. Beyond the potential compromises to quality of life that some of these disabilities may entail, are the high costs of care and education. A recent study estimated that lifetime medical and nonmedical costs for a single infant born with cerebral palsy, for example, could average $503,000. For children born with other disabilities, average lifetime costs could run from $75,000 to $505,000.[57]

Immunizations

Much of the nation's progress in reducing mortality among the young in the 20th century has been brought about by development of preventive vaccines for the infectious diseases that once threatened infants and children. Full protection requires a regular schedule of immunizations for 9 diseases[58] starting in the first months of life and continuing through early adolescence. Healthy People 2000 objectives seek to raise levels of full immunization to 90% among all two-year-olds. National coverage in 1993 for receipt of at least four doses of DTP (diphtheria, tetanus, pertussis), three doses of poliovirus vaccine, and one dose of MMR

(measles, mumps, rubella) – called the 4:3:1 series – was estimated at 75% among children aged 19 to 35 months of age. When the series was expanded to include three doses of Hib (haemophilus influenzae B), estimated coverage of the 4:3:1:3 series was 72%. Hepatitis B coverage was estimated at 42%.[59]

Hoosier two-year-olds

The Indiana Immunization Action Plan, through a grant from the U.S. Centers for Disease Control, has made rapid progress in increasing immunization coverage among Hoosier two-year-olds. Public Health Department immunization clinic surveys found that full coverage (4:3:1:3 series) had increased to 73% in 1995, up from 59% in 1994. Twenty-two counties had achieved the year 2000 objective of 90% coverage or greater.[60] In four counties (Allen, LaGrange, Newton and Starke), however, fewer than half of the two-year-olds were fully immunized.[61]

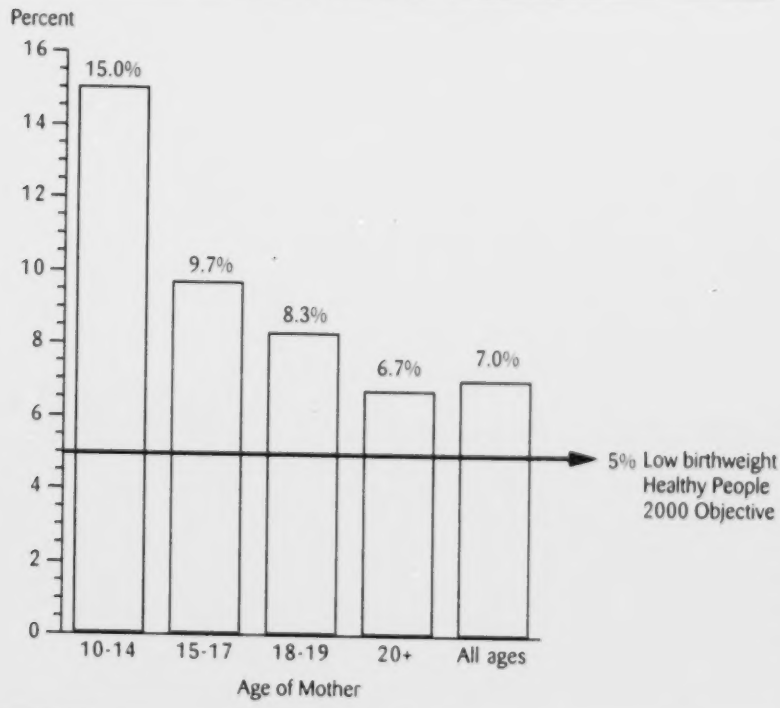
Indiana's school-age children

Indiana's first comprehensive immunization law mandating that all students in Indiana's schools be fully immunized went into effect in 1980. At the time, only 87% of entering kindergarten pupils met the minimum requirements. Through major collaborative efforts among health officials and public and private school personnel, coverage has increased annually. In the 1994-95 school year, 96% of children entering kindergarten were fully immunized.[62]

Lead poisoning

Virtually all children are at risk of exposure to environmental lead. Children younger than age six are the most susceptible to the toxic effects of lead, both because they absorb more lead than adults and because they have more hand-to-mouth activity than adults. Lead may enter the body through contaminates in air, food, water, dust, and soil.

Figure 7. Percent Infants Born at Low Birthweight by Age of Mother, Indiana, 1993 (Provisional)



SOURCE: Indiana State Department of Health, Data Analysis Team

At low levels of exposure to lead, many symptoms are not immediately obvious and may not even be linked with lead poisoning, making this a particularly cruel malady. Lowered intelligence, impaired neurological development, liver and kidney damage, decreased growth and hearing impairment can occur at low levels of contamination. Coma, convulsions and death may result at high levels. Confirmation of lead poisoning is only possible through a blood test.

Typical environmental sources of lead include lead-based paint chips and dust, soil contaminated from leaded gasoline emissions and lead-based paint and industrial waste or manufacture. Substantial progress has been made in reducing blood lead levels, particularly among children. The amounts of lead used in gasoline and paint have been cut back

and industry emissions in air and water have been reduced. Lead in paint produced before 1978 is now the most common source of lead exposure because it remains in paint dust and in the soil.

The Indiana State Department of Health is working with local health departments and social service agencies to combat this number one environmental health issue of children. ISDH received a grant from the Centers for Disease Control and Prevention that enabled Indiana to adopt much more aggressive detection activity through use of more sophisticated laboratory equipment, environmental investigations and local case management. In FY 1995, more than 35,000 screenings for blood lead were conducted. Nearly two in ten Hoosiers younger than age six were found to have unsafe blood lead levels (see Table 9).[63]

Mental Health

The human and social costs of mental and addictive disorders are high; mental health services are a crucial component of a complete health care system. Prevalence estimates from national studies suggest that 12% of Hoosiers younger than age 18 – more than 174,000 children – have some type of mental disorder. An estimated 3% – 43,700 children – exhibit serious emotional disturbance that lasts long enough to substantially interfere with or limit the child's functioning in family, school or community activities. An estimated 4.9% (more than 28,000 children) suffer from alcohol and/or drug abuse disorders.[64] Most mental health services are provided through regional Community Mental Health Centers (CMHCs). Data collection methods used in FY 1994 could not provide unduplicated counts of young people served in the CMHCs. Improved data collection methods recently put into place will eliminate shortcomings of the former system.

- In FY 1994, 11,623 children ages birth to 12 years and 12,048 adolescents ages 13 to 17 (duplicated counts) received mental health services in CMHCs – most on an outpatient basis. Of the 23,671 children younger than 18 who received services, 95% were experiencing serious emotional disturbance; 55% were male, 45% female; and, 30% lived in rural areas of the state.[65]

Table 9. Unduplicated Count of Children with Elevated Blood Levels, Indiana, Ages 5 and Younger

	Number Screened	Percent Screened	Number Screened	Percent Screened	Number Screened	Percent Screened
Blood levels						
≥ 10 ug/dL	4,436	11.9%	5,116	12.8%	3,444	13.7%
≥ 15 ug/dL	1,462	3.9%	1,747	4.4%	1,163	4.6%
≥ 20 ug/dL	606	1.6%	752	1.9%	497	2.0%
Total elevated	6,504	17.5%	7,615	19.1%	5,104	20.3%
Children ages 0-5 screened	37,133	7.7%*	39,906	8.3%*	25,167	5.2%*

Note: ug/dL stands for micrograms per deciliter (100 grams) of blood.

Data based on calendar year beginning January 1. Elevated blood levels are calculated on initial screening.

*Based on 479,400 children in the 0 to 5 age group, 1990 Census.

SOURCE: Indiana State Department of Health, Indiana Childhood Lead Poisoning Prevention Program, April 1996.

Far larger numbers of children needed services than obtained them through the Community Mental Health Centers. Some young people with mental or addictive disorders received services through private psychiatric hospitals and some general hospitals, while others are served by private practitioners, the clergy, family therapists, and others. No data were available on the extent of use of private-sector services. The Division of Mental Health of the Indiana Family and Social Services Administration concludes that

> Mental health agencies alone cannot adequately meet the multitude of service needs of these children, youth and their families. Multi-agency organized systems of care must be in place.[66]

Health insurance

The national debate on health care reform grinds on with no solution in sight for the problems of access to regular, high quality, available and affordable care for all Americans. In the meantime, health care costs have continued to rise. Particularly affected are the working poor with incomes too high to qualify for Medicaid, but too low to be able to afford private-sector insurance, or, if the employed person was insured, to extend coverage to include spouses and children. About one in six Americans (15.2%), or 39.7 million persons, lacked health insurance in 1994. Of the persons who did have health insurance, seven in ten (70.3%) were covered by private insurance plans for some or all of 1994. The remaining insured persons had government coverage including Medicaid (12.1%), Medicare (12.9%), or military plans (4.3%).

Nationally, 29% of poor persons had no health insurance; only about 46% of poor persons were covered by Medicaid at some time during the year. Young adults aged 18 to 24 were the age group most likely to be without health insurance (26.7%) throughout 1994.[67] Children younger than age 18 were also more likely to lack insurance than the population of all ages.

An estimated 10.5% of Hoosiers of all ages were not covered by insurance in 1994.[68]

The national KIDS COUNT analysis estimated that 13% of children in the nation as a whole were without health insurance in 1993; the comparable estimate for children in Indiana was 10%.[69] Applying this percentage to the state's estimated child population in 1993 suggests that more than 146,000 Hoosiers younger than age 18 were without private or government health insurance coverage of any kind.

Mortality: Dying too young

Deaths of young Hoosiers

Childhood for most youngsters is far safer than it was a century ago when 16 out of every 100 Hoosier babies born died before their first birthdays. Infections, complications arising from "childhood diseases," and home and farm accidents made life hazardous for those who survived infancy. Modern public health, sanitation and medical practices have greatly lowered death rates from causes once deemed "unpreventable," leaving accidents as the major cause of death for children from the age of one year into early adulthood. Accidental deaths are all the more tragic because most could have been prevented.

Final state-level figures for causes of death among Hoosier children and adolescents were not available at the time this report was prepared; neither were figures for child death rates and teen violent death rates by county.

Infant deaths

The infant mortality rate in the United States has been called a national disgrace. At 8 deaths per 1,000 live births in 1994, the U.S. infant mortality rate was higher than the rates of 20 other industrialized nations in Europe and Asia.[70] Progress has been made toward reducing the U.S. infant mortality rate to seven deaths per 1,000 live births, by the year 2000, but it has been slow. The U.S. infant mortality rate declined to an all-time low of 7.9 in 1994 (provisional), down four percent from 8.3 per 1,000 live births in 1993.

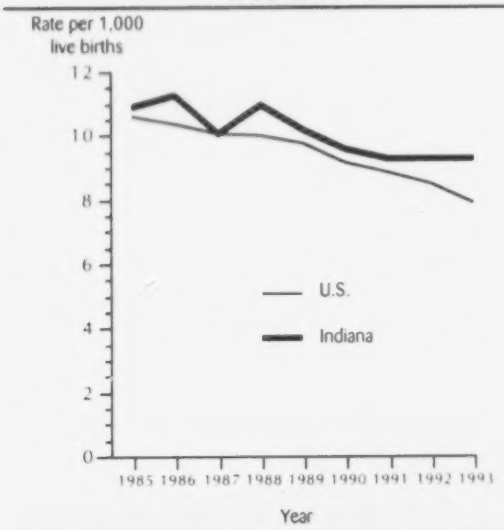
Most of the gain was achieved by a reduction in neonatal (in the first 27 days of life) deaths. Nationally, respiratory distress syndrome and sudden infant death syndrome (SIDS) declined as causes of infant deaths between 1993 and 1994. Mortality rates for Black infants continue to be more than double the rates for white infants.[71]

- Indiana continues to struggle to lower deaths among Hoosier infants. Although progress was made between 1988 and 1991, when the infant mortality rate fell steadily from 11.0 to 9.3 per 1,000 live births, the rate remained at 9.3 in 1992. It fell again to 9.1 (provisional) in 1993 (see Figure 8). The mortality rate for Hoosier infants remains well above the national average.[72]

Child Deaths

Provisional figures for 1993 indicate that 317 Hoosier children, ages 1 to 14 died from all causes. The child death rate is based on deaths from all causes per 100,000 children in that age group. The child death rate in Indiana continues to fall (Figure 9). In 1986 and again in 1988, the death rate among Hoosier children reached highs for the decade of 34 per 100,000.

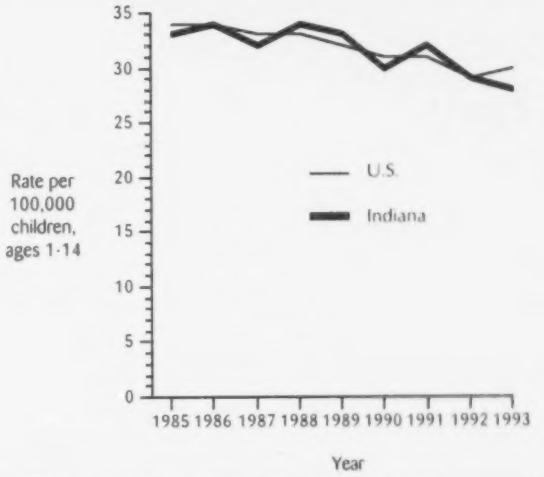
Figure 8. Infant Mortality Rate, Indiana and U.S., 1985-1993



SOURCE: KIDS COUNT Data Book 1996, Indiana State Department of Health, Data Analysis Team, National Center for Health Statistics.

Provisional figures for Indiana showed a decline from 32 to 29 to 28 per 100,000 in 1991, 1992 and 1993. Nationally, the child death rate changed from 31 to 29 to 30 per 100,000 in 1991, 1992 and 1993.[73]

Figure 9. Death Rate Among Children Ages 1-14, Indiana and U.S., 1985-1993



SOURCE: *KIDS COUNT Data Book 1996*, Indiana State Department of Health, National Center for Health Statistics.

Teen Violent Death Rate

Teen violent deaths include four causes: vehicular and non-vehicular accidents, homicide and suicide. The teen violent death rate reflects mortality from these four causes per 100,000 young people ages 15 to 19 (see Figure 10, p. 36). Provisional figures for 1993 indicate that 240 Hoosier youths died violent deaths, down from 257 in 1992 and 311 in 1991.

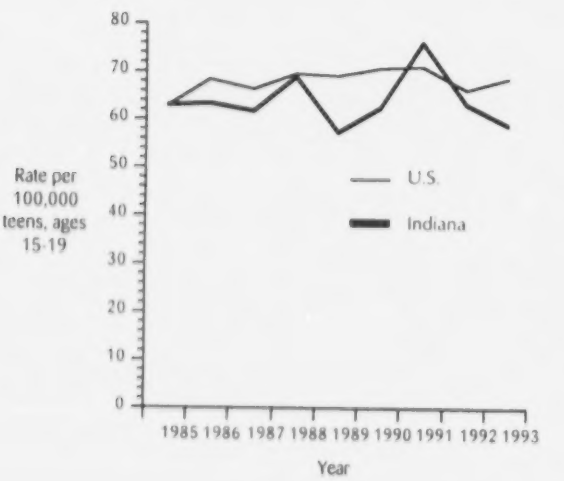
- The provisional teen violent death rate in Indiana in 1993 was 59 per 100,000 15- to 19-year-olds, down from 63 in 1992 and 76 in 1991. These figures compared with national teen violent death rates of 69 in 1993 and 67 and 71 in 1992 and 1991, respectively.[74]

Deaths from injuries

Injuries and adverse effects sustained in accidents remain the leading cause of death for children and young adults. A recent study examines accident-

related mortality patterns for two periods: 1980-1985 and 1986-1992. Nationally, injury deaths declined by 7.5%, from 32.7 per 100,000 young persons ages 0 to 19, to 30.2 per 100,000. Still, 151,568 American young people – more than enough to populate a medium-sized city – died from preventable deaths as a consequence of injury in the seven-year period 1986-1992.

Figure 10. Teen Violent Death Rate, Indiana and U.S., 1985-1993



SOURCE: *KIDS COUNT Data Book 1996*, Indiana State Department of Health, National Center for Health Statistics

- In the earlier period, Indiana's injury death rate, at 30.1 per 100,000, was well below the national average of 32.7. The rate in Indiana for the 1986-1992 period, however, remained virtually unchanged at 30.0 per 100,000.
- Both nationally and in Indiana, young males were nearly two and one-half times as likely as young females to die from injuries (see Table 10).

Although more than seven in ten childhood injury-related deaths in the United States were unintentional, harm was intentional in nearly three in ten cases (see Table 11). Nationally, 10% of the injury-related deaths were the result of suicide. At 11%, the percentage of suicide deaths in Indiana was slightly higher. Intentional homicide accounted for 17% of injury deaths nationally, but only 11% of the deaths that occurred in Indiana during the seven-year period.[75]

The teen years: High-risk behaviors

Adolescent sexual behavior

Two long-term trends in patterns of adolescent sexual behavior emerge from research studies: young people are initiating sex earlier, and the difference in the average age for sexual initiation of boys and girls is narrowing. Among adults born during the period 1933 - 1942, 43% of the males but only 32% of the females reported having had sex by the time they were 18 years old. Among adults born between 1963 and 1974, 61% of the males, and 58% of the females had initiated sex prior to age 18. Nationally, the number of infants born to girls younger than age 15 has nearly doubled since 1960.[76]

Stimulated by the debates in Congress over "welfare reform," renewed attention is being paid to out-of-wedlock pregnancy and childbearing. Decisions to become or remain sexually active outside of marriage, to use or not use contraception, to terminate or not terminate a pregnancy, to raise a child or release it for adoption are enmeshed in a complex web of familial, social, religious, cultural, educational, and economic factors, as well as personal characteristics, attitudes and values. When the women making these decisions are younger than age 20, public concern about consequences is elevated. Several trends have coalesced to ignite public debate:

- the growing numbers of younger adolescents who are becoming sexually active and giving birth,
- the realization that more than half the babies born to mothers ages 15 to 17 have fathers ages 20 and older,
- the growing proportion of births to adolescent mothers that take place outside of marriage, and

- the rising public costs of providing subsistence and intervention programs for children born to single mothers.

Nationally, the teen birth rate – that is, the rate of live births per 1,000 young women ages 15 to 19 – has actually declined since 1960. In that year, the birth rate was 89.1 per 1,000. By 1986, however, the birth rate for this age group had fallen to 50.2 per thousand. Thereafter, the birth rate among girls ages 15 to 19 gradually increased to 62.1 in 1991. In 1992 and again in 1993, the birth rate declined slightly, to 60.7, and then to 59.6 per thousand. The overall adolescent birth rate in the United States still remains well below the rate of a generation ago.

Nonmarital childbearing

In the same period, however, the national nonmarital birth rate – the number of births born outside of marriage per 1,000 unmarried females ages 15 to 19 – has risen steadily from below 20 per thousand through the late 1960s, to 44.5 per

Table 10. Leading Causes of Injury Death by Sex, 1986-1992, U.S. and Indiana

	United States			Indiana		
Injury Cause	Male	Female	Total	Male	Female	Total
Motor vehicle traffic	42,661	21,438	64,099	1,039	507	1,546
Firearm total	26,504	4,381	30,885	506	82	588
Fire/flame	5,421	3,953	9,375	148	126	274
Drowning	9,481	2,994	12,475	189	68	257
Suffocation/hanging	5,343	2,261	7,604	128	62	190
Poison: gas/vapor	--	--	2,003	50	22	72
All injury deaths						
Number	107,347	44,221	151,568	2,412	1,041	3,453
Percent	70.8	29.2	100.0	69.9	30.1	100.0

SOURCE: The Johns Hopkins Center for Injury Research and Policy.

Table 11. Deaths by Intent, 1986-1992, U.S. and Indiana

	United States			Indiana		
Intent	No.	%	Average Annual Rate for 7-year Period	No.	%	Average Annual Rate for 7-year Period
Unintentional	107,756	71.1	21.47	2,619	75.8	22.77
Suicide	15,424	10.2	3.07	385	11.1	3.35
Homicide	26,324	17.4	5.24	378	10.9	3.29
Intent unknown	2,064	1.4	0.41	71	2.1	0.62
Total	151,568	100	30.20	3,453	99.9	30.02

NOTE: Columns may not total 100% because of rounding.

SOURCE: The Johns Hopkins Center for Injury Research and Policy.

thousand in 1993.[77] In earlier years, many children were conceived out-of-wedlock, but "legitimized" through marriage by the time they were born. Recent studies show that for most young mothers today, marriage is not a simple answer. Whether married or unmarried at the time of the births of their children, most teen mothers have become single parents by the time their children reach age 18.[78]

While the impact of a nonmarital birth may be more acute for an adolescent, the fact remains that out-of-wedlock births are not primarily a "teen problem." More than six in ten nonmarital births were to women age 20 and older (see Table 12).

- Mothers younger than age 20 gave birth to only 35% of all infants born out of wedlock in Indiana in 1993. Overall, 31% of all Hoosier births in 1993 were out-of-wedlock.

Nationally, the age distribution of nonmarital births was similar: 30% were to women younger than age 20; 35% were to women ages 20 to 24 and the remaining 35% occurred among women age 25 and older.[79]

- In Indiana, the younger the mother, the less likely she was to have been married (see Table 12). More than three-fourths (77%) of the teen births in Indiana were out-of-wedlock, compared with 72% of teen births nationally.[80]

Nonmarital child-bearing continues to differ markedly by race/ethnic group, both nationally and in Indiana.

- In 1993, more than three-fourths of all births to Black women of all ages in Indiana were nonmarital, compared with one-fourth of all white births (see Table 13). The proportion of non-marital births among other women of color was 11%, less than half that for white women.

- In Indiana, however, more than seven in ten nonmarital births in 1993 were to white women.

Extent and outcomes of adolescent pregnancy

National data reveal some interesting paradoxes. Higher proportions of sexually-experienced adolescents are practicing effective contraception and not becoming pregnant, yet the proportion of adolescents initiating sex and not using contraception

Table 12. Births in Indiana, 1993 (Provisional) by Age and Marital Status of Mother

Age of Mother	All Births		Nonmarital Births		% of Births that were Nonmarital
	No.	%	No.	%	
10-14	187	.2	184	.7	98.4
15-17	4,062	4.8	3,589	13.9	88.4
18-19	7,593	9.1	5,372	20.8	70.7
20-24	24,827	29.6	9,877	38.3	39.8
25 and older	47,068	56.2	6,790	26.3	14.4
Unknown	18	--	6	--	33.3
Total	83,755	99.9	25,818	100.0	30.8

Note: Columns may not total 100% because of rounding.

SOURCE: Indiana State Department of Health, Data Analysis Team

Table 13. Births in Indiana 1993 (Provisional), by Race and Marital Status of Mother

Race	All Births		Non-marital Births		% of Births that were Non-marital
	No.	%	No.	%	
White	73,406	87.6	18,542	71.8	25.3
Black	9,314	11.1	7,130	27.6	76.6
Other non-white	877	1.0	99	.4	11.3
Unknown	158	.2	47	.2	29.7
Total	83,755	99.9	25,818	100.0	30.8

Note: Columns may not total 100% because of rounding.

SOURCE: Indiana State Department of Health, Data Analysis Team

continues to rise, leaving U.S. pregnancy rates stubbornly high.[81]

Prior data books have included adolescent pregnancy and abortion data through 1992, tabulated by the Indiana State Department of Health (ISDH). We had hoped to present similar data for 1993, but figures were not available at the time this report was published. We are using provisional 1993 birth data from Indiana State Department of Health, as well as information reported by the National Center for Health Statistics (NCHS)[82] and analysis of NCHS data conducted by Child Trends, Inc. (CTI). Revised county-level tables will be available later in the year.

Births to Hoosier adolescents

- There were 83,755 live births in Indiana in 1993 (ISDH). Of these, 11,842 were to women younger than age 20.
- In 1993, the number of births to Hoosier women younger than age 15 continued to decline slightly to 187, down from 202 in 1992 and 210 in 1989.
- There were 4,062 births to 15- to 17-year-old women in 1993, essentially the same as in 1992 (4,076). There were 7,593 births to 18- to 19-year-old women in 1993, up slightly from 7,579 in 1992 (ISDH).
- Of all first births to Hoosier women in 1993, 27% were to mothers younger than age 20. This percentage was higher than the U.S. total of 24% (CTI).
- Nearly a fourth (23%) of the 1993 births to teens in Indiana were second, third or later births (CTI). The number of children a woman bears as an adolescent has a major impact on her future chances for economic self-sufficiency.

Birth rates

Birth rates among American adolescents are higher than in most other industrialized democracies. Reducing the rate of teenage childbearing is becoming more urgent because the number of teens will continue to increase between now and the year 2005. It is encouraging that nationally the teen birth rate declined slightly, by about 2%, for the second year in a row. The largest decline was among 18- to 19-year-olds. In Indiana, the overall decline was smaller (less than one percent) and occurred mainly among women younger than age 17.

- The birth rate in 1993 for Hoosier women ages 15 to 19 was 58.4 per thousand women in that age group (ISDH), slightly below the national average of 59.6 per thousand. The Indiana rate was essentially the same as in 1992 (58.6).
- For Hoosier 15- to 17-year olds, the birth rate was 34.3 per thousand in 1993 down less than one percent from 34.6 per thousand in 1992. Among 18- to 19-year-old Hoosier women, the rate was 93.7 per thousand in 1993, essentially the same as in 1992 (93.6 per thousand) (ISDH). The corresponding national rates in 1993 were 38 and 92 per thousand for the two age groups (CTI).
- Teen 1993 birth statistics in Indiana's three largest cities were particularly discouraging. In Indianapolis there were 2,201, and in Ft. Wayne 565 births to women younger than age 20. In both cities, percentages were similar: teen births constituted 16% of all births, and 88% of teen births were out-of-wedlock. In Gary, 621 infants were born to teens and 96% of teen births were out-of-wedlock. In all three cities, about half the teen mothers were 18- to 19-year-olds. Teen births were more than a fourth (27%) of all births in Gary – the highest proportion in any of the 128 largest cities in the United States. Only St. Louis, Missouri had a higher proportion of out-of-wedlock teen births (97%) than Gary in 1993 (CTI).

The costs of adolescent childbearing

There are high fiscal and social costs associated with adolescent childbearing. The higher incidence of low birthweight infants, with the related higher incidence of some congenital anomalies, often leads to higher immediate and long-term medical costs, as well as to higher non-medical costs for the care and special education of children born to teens. The developmental problems of fragile infants can worsen if their young parents have poor parenting and coping skills.

- In Indiana alone in FY 1995, Medicaid paid more than $55,360,000 for 10,379 pregnant adolescents and their children.[83]

Unless young women who give birth and keep their children have support systems at hand, they are likely to drop out of school, further threatening their economic futures. Lack of education may set lifelong limits on the work that women who have not completed high school will be hired to do. Many women who give birth as teens do marry, but their marriages tend to be less stable. Until recent changes in welfare policy went into effect, about half of unmarried teen mothers sought AFDC support within a year following the births of their children. About four in ten women who gave birth as teens relied on welfare payments for 10 or more years.[84]

- In Indiana, some 2,700 teen parents received AFDC payments totalling $7.4 million in FY 1995.[85]

Indiana has adopted some of the most stringent changes in the welfare system of any state in the nation. Since 1995, teen mothers can no longer set out on their own, but if receiving AFDC, must live with a parent or responsible adult and continue their schooling if they have not completed high school. There is no increase in payments for additional children born more than 10 months after welfare begins, and welfare payments are limited to two years. Although these policy revisions are bound to change the use of welfare as a long-term source of support by teen mothers, it is too early to assess the impact of the new policies on rates of teen childbearing, on long-term access to health services and child care for children born to teens, and on the complex relationships that teen mothers often have with the fathers of their children.

Fathers in adolescent pregnancies

The topic of the fathers of infants born to teen women has recently begun to draw much-needed public attention. An analysis of national health survey statistics (from 1988) by the Alan Guttmacher Institute found that only about a fourth (26%) of the fathers of children born to women younger than age 18 were that young themselves. Just over a third (35%) of the fathers were 18 and 19 years old, while almost four in ten (39%) were at least 20 years old.[86] An analysis of more recent data by Child Trends, Inc. found that *half the infants born to teen women ages 15 to 17 in 1993 had fathers who were 20 years of age or older.*[87] While important, legislative policy based primarily on establishment of paternity and drawing up and enforcing child support orders is unlikely to have a major impact on this issue. At minimum:

- Communities must assess the ways they now enforce state laws that prohibit adults from having sex with minors, and correct any negligence in this important area of legal protection for young women; and
- School corporations and community based organizations must revise sexuality education programs premised on the assumption that the sex partners who will produce a child will be two adolescents of similar age.

Sexually transmitted diseases

Being active sexually carries another serious risk for adolescents: contracting sexually transmitted diseases (STDs). Table 14 tracks the number of cases of gonorrhea, primary and secondary syphilis and chlamydia among Hoosier adolescents and young adults between 1990 and 1995. In general, the picture is more encouraging in 1995 than in 1993 and 1994.

Gonorrhea

The incidence of gonorrhea among Hoosiers of all ages declined by 23% between 1990 and 1993, but rose again by 12% between 1993 and 1994. Between 1994 and 1995, gonorrhea cases declined again by 5%. Numbers of cases in 1995 for all age groups were well below numbers of cases in 1990, for an overall decline of 18% during the six-year period. Nationally, rates of gonorrhea declined markedly between the Healthy People 2000 base year of 1988 and 1993 when target rates were met.

- Between 1990 and 1995, gonorrhea cases in Indiana declined by 16% among 10-to 14-year olds, by 25% among 15- to 19-year-olds and by 20% among 20- to 24-year-olds.
- With rates of 748 cases per 100,000 15- to 19-year-olds in 1993, and 719 in 1994, Indiana has met the year 2000 objective of a rate not to exceed 750 cases per 100,000.

Chlamydia

Indiana began surveillance of chlamydia cases in 1990. Overall, between 1990 and 1995, there was an increase in cases in all age groups. However, much of the increase may be a consequence of under-reporting in the first surveillance year. Between 1993 and 1995, cases declined in all age groups. Eight in 10 cases of chlamydia were diagnosed in females. There is no year 2000 target rate for chlamydia.

Syphilis

Primary and secondary syphilis. Cases of primary and secondary syphilis rose steadily between 1990 and 1993 but since that time, have declined among individuals younger than age 25. The total number of cases in 1995 remained higher than in 1992, but the proportion of cases among persons younger than age 25 declined to about 25% – down from 40% in 1993 and 1994.

Early latent syphilis. Other forms of the disease exist in addition to primary and secondary syphilis. Early latent syphilis (ELS) includes cases of primary and secondary infections and a group of infected persons who did not show symptoms at the time of treatment, but were known to have acquired syphilis in the 12-month period prior to receiving treatment. Overt symptoms disappear and may leave patients with the mistaken idea that they no longer have the disease. Untreated, ELS may continue to be invisible, but nevertheless continues its silent attack of the body.

- As was true for primary and secondary syphilis, cases of early latent syphilis declined between 1995 and the recent highpoint in 1993. The number of ELS cases among Hoosiers of all ages fell from 464 in 1993 to 397 in 1995. In this same period, among 15- to 19-year-olds, cases fell from 80 to 60, and among 20- to 24-year-olds, cases fell from 128 to 83.

- Combining the two categories of the disease brings the total cases of early syphilis among Hoosiers of all ages in 1995 to 732, down from 826 in 1993.

HIV/AIDS

October 1995 presented a grim statistic: the number of persons with AIDS in the United States

Table 14. Sexually Transmitted Diseases, 1990-1995, Indiana

		1990		1991		1992		1993		1994		1995		% Change
	Age Group	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	1990-1995
Gonorrhea	10-14	212	1.9	207	1.8	210	2.3	233	2.7	253	2.6	179	1.9	-16
	15-19	3,961	35.2	3,805	33.4	3,166	34.2	3,036	35.1	3,456	35.6	2,973	32.2	-25
	20-24	3,451	30.7	3,715	32.7	2,994	32.4	2,792	32.3	2,843	29.3	2,749	29.8	-20
Total cases	All ages	11,257	100.0	11,376	100.0	9,251	100.0	8,656	100.0	9,698	100.0	9,224	100.0	-18
Primary and secondary syphilis	10-14	1	.8	0	0	2	.7	0	0	3	1.0	1	.3	0
	15-19	20	15.0	13	6.7	38	12.9	61	16.9	37	12.8	34	10.1	70
	20-24	32	24.1	34	17.6	65	22.0	86	23.8	76	26.2	49	14.6	53
Total cases	All ages	133	100.0	193	100.0	295	100.0	362	100.0	290	100.0	335	100.0	152
Chlamydia**	10-14	227	2.5	326	2.8	357	3.3	382	3.8	422	4.1	367	3.9	62
	15-19	4,000	44.5	4,964	42.6	4,658	43.2	4,489	44.7	4,705	46.0	4,296	45.4	7
	20-24	2,883	32.1	3,982	34.2	3,632	33.7	3,318	33.1	3,248	31.7	3,097	32.7	7
Total cases	All ages	8,985	100.0	11,649	100.0	10,776	100.0	10,034	100.0	10,235	100.0	9,464	100.0	5

*Percentage of total reported cases, all ages.

**Percent change for Chlamydia, 1991-1994.

SOURCE: Indiana State Department of Health, Division of HIV/STD.

passed the half-million mark. Of these, nearly half have been diagnosed since 1993. Of the persons with acquired immunodeficiency syndrome (AIDS) reported to the Centers for Disease Control since national surveillance of the disease began in 1982, 62% had died. Since 1993, HIV disease has been the leading cause of death among people ages 25 to 44.[88] Because of the long period between contracting the virus until opportunistic infections are manifest (about 10 years), it is believed that most infections occur among people in their early teens to early thirties.

There have been shifts in patterns associated with the disease. For the first seven years, heterosexual transmission was relatively rare (2.5% of the cases), but has risen to 10% in the past two years. In the same periods, the proportion of women with AIDS has grown from 8% to nearly 18%. The South (33%) has replaced the Northeast (31%) as the region with the most AIDS cases (although the rate of AIDS cases remains highest in the Northeast). Both the number and proportion of AIDS cases in the Midwest continue to grow; the region accounted for one in ten cases nationally (up from 7.5% in the earlier period). In both the South and the Midwest, higher proportions of cases among adolescents and young adults (aged 13-19 years) have been reported in smaller metropolitan areas (50,000 to 100,000 population) and in rural areas than was true for the Northeast and West. The World Health Organization estimates that worldwide, 18 million adults and 1.5 million children have been infected with the virus resulting in 4.5 million persons with full-blown AIDS.[89]

The epidemic in Indiana has grown as well.[90] By September 30, 1995, a total of 6,334 Hoosiers had contracted the virus (2,643 were diagnosed as HIV+ and 3,691 with AIDS). These counts are unduplicated; when a person develops symptoms that meet the definition of AIDS, that case is removed from the HIV+ registry and entered in the AIDS registry (see Table 15). All 92 counties in Indiana have reported at least one resident with the virus, and a resident has died of AIDS in all but one county.

- HIV+ diagnoses in Indiana increased by just over 7% in the year ending on September 30, 1995. AIDS diagnoses increased by 15.5% in the same period – a rate more than one-and-one-half times the national annual increase of 9.9% for the year ending June 30, 1995.
- Twenty-four Hoosier children aged 12 or younger have been diagnosed as HIV+, with an additional 28 diagnosed with AIDS. Perinatal transmission from an infected mother is the most common source of exposure for pediatric cases..

Table 15. Indiana and U.S. HIV+/AIDS: Cumulative Cases through September 30, 1995 (U.S. AIDS Cases Cumulative through June 30, 1995)

	Indiana HIV+ Cases		Indiana AIDS Cases		U.S. AIDS Cases	
Age at Diagnosis	No.	%	No.	%	No.	%
0-12	24	1	28	<1	6,209	1
13-19	89	3	22	1	1,965	<1
20-29	1,123	42	784	21	81,645	19
30-39	1,014	39	1,748	47	200,969	46
40-49	284	11	783	22	106,237	24
50 and above	109	4	326	9	44,499	10
Total	2,643	100	3,691	100	441,528	100
Increase in one year		7.2%		15.5%		9.9%

SOURCE: Indiana State Department of Health, Division of HIV/STD.

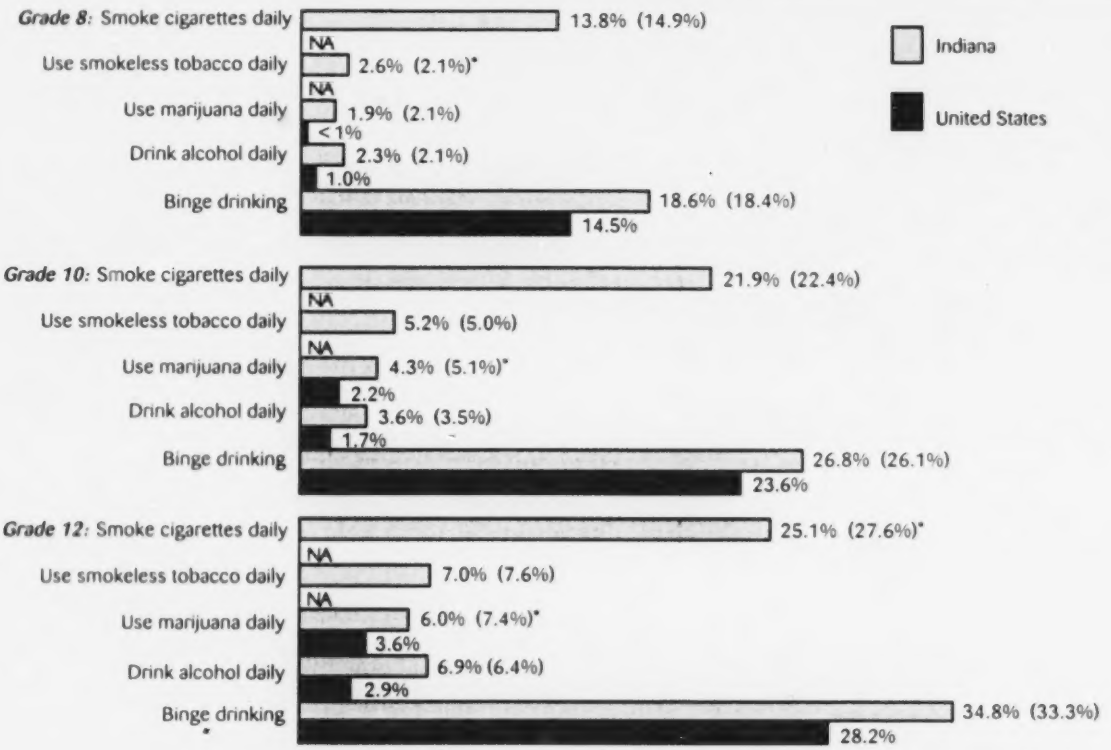
● A cumulative total of 105 Hoosier children have been born to mothers infected with the virus. Of these, 20 are HIV+ and 21 have developed AIDS. Twenty-six of these children have been classified as HIV negative based on negative HIV antibody tests. The remaining 38 children, although born to infected mothers, have not been tested for the disease.

Use of tobacco, alcohol and other drugs

Nationally, alcohol and other drug use has been tracked through annual surveys of high school seniors (reported as Monitoring the Future) since 1975. The national survey began to include information about 8th- and 10th-graders in 1991. Since 1991, the Indiana Prevention Resource Center (IPRC) has gathered information comparable to the national survey from Hoosier students.[91] Patterns of regular tobacco, alcohol and other drug use by 8th-, 10th- and 12th-graders nationally and in Indiana in 1994 are charted in Figure 11.

The IPRC surveys are conducted in school settings and the resulting findings apply only to young people who are enrolled in school. Drug use among young people who have dropped out of school (in Indiana, 3% of students in grades 7 to 12 annually) may well be quite different.

Figure 11. Regular Use of Tobacco, Alcohol and Marijuana Among U.S. and Indiana Students, by Grade Level, 1994 (1995 figures for Indiana in parentheses)



*1995 and 1994 percentages are significantly different at 5% significance level.

SOURCE: Indiana Prevention Resource Center.

Progress toward Healthy People 2000 objectives

A number of the Healthy People 2000 Objectives relate to reducing alcohol, tobacco and drug use. Progress toward these objectives is charted in Box E. The 1995 survey reveals the dismaying impact of three years of cutbacks in federal appropriations for school-based drug prevention programs. Indiana has lost ground on progress toward most of the objectives. The only good news is that binge drinking (consuming five or more drinks on a single occasion at least once in the two weeks prior to the survey) declined to 33.3% among Hoosier seniors. Hoosier senior binge drinking is still well above the national average figure of 28.2% and the year 2000 target of 28%.[92]

- Hoosier students have been experiencing first use of cigarettes, alcohol and marijuana at ever-younger ages since the base year 1992, and are getting farther from the national targets each year.
- The proportion of young people ages 12 to 17 who used cigarettes, marijuana and cocaine in the month prior to the study has increased steadily.

Box E. Indiana Prevalence Data Compared with Healthy People 2000 Indicators, 1994 - 1995

		National Target 2000	Indiana Baseline Spring 1992	Indiana Annual Spring 1994	Indiana Annual Spring 1995
OBJECTIVE: "Increase by at least 1 year the average age of first use of cigarettes, alcohol and marijuana by adolescents ages 12 through 17."	Cigarettes	12.6 years	11.9 years	11.6 years	11.4years
	Alcohol	14.1 years	13.0 years	13.0 years	13.0 years
	Marijuana	14.1 years	13.3 years	12.9 years	12.7 years
OBJECTIVE: "Reduce the proportion of young people who have used alcohol, marijuana and cocaine in the past month, as follows:"	Cigarettes	None	24.9%	24.7%	26.3%
	Alcohol/aged 12-17	12.6%	35.5%	33.1%	31.9%
	Marijuana/aged 12-17	3.2%	7.9%	11.7%	13.3%
	Cocaine/aged 12-17	0.6%	0.6%	1.0%	1.4%
OBJECTIVE: "Reduce the proportion of high-school seniors...engaging in recent occasions of heavy drinking of alcoholic beverages [5 or more drinks on a single occasion in past 2 weeks]."	Binge drinkers	28.0%	37.6%	34.8%	33.3%
OBJECTIVE: "Increase the proportion of high-school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana and experimention with cocaine, as follows:"	Alcohol	70%	58.1%	41.9%	39.6%
	Marijuana	85%	70.7%	60.8%	54.7%
	Cocaine	95%	84.2%	84.9%	83.0%
OBJECTIVE: "Increase the proportion of high-school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, regular use of marijuana and experimentation with cocaine as follows:"	Alcohol	70%	29.4%	36.8%	33.1%
	Marijuana	90%	63.1%	64.9%	56.2%
	Cocaine	80%	48.0%	68.9%	67.9%
OBJECTIVE: "Reduce the proportion of male high-school seniors who have used anabolic steroids [lifetime]."	Steroid users	3.0%	4.2%	4.4%	4.0%

SOURCE: Indiana Prevention Resource Center.

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Monthly alcohol use among 12- to 17-year-olds declined slightly.

- Fewer seniors in 1995 than in 1994 perceived social disapproval or risk of physical or psychological harm to be associated with heavy use of alcohol, occasional use of marijuana and experimentation with cocaine.

Alcohol

Although the continued, if slight, decline in binge drinking noted above is encouraging, Hoosiers continue to experiment with alcohol at young ages. More than 7% of Hoosier students reported some use of alcohol prior to age 7 and more than 12% had used alcohol by age 9. Alcohol is one of the "gateway" drugs related to later use of controlled substances, and early use of alcohol may contribute to the higher-than-national-average use of other drugs reported by Hoosier students.

Tobacco

Tobacco is another of the "gateway" drugs. Nearly 4% of Hoosier children reported experimentation with cigarettes by age 7, and more than 9% reported some use by age 9. Daily, monthly, annual, and lifetime cigarette smoking by young Hoosiers increased at most grade levels in 1995.

- Daily smoking of cigarettes among Hoosier students in grades 8, 10 and 12 is well above the levels reported nationally by students in these grades.
- Hoosier students in grades 8, 10 and 12 are more likely to use smokeless tobacco daily than are their counterparts elsewhere in the nation.

Other drugs

One of the most disturbing findings of the 1995 study was the continued increase in use of marijuana in all grades surveyed and at all levels of use. Reported daily use of marijuana by Hoosier students was nearly double that of students in the same grade levels nationally.

- Use of psychedelic drugs such as LSD, mescaline, psilocybin and ecstasy increased markedly among Hoosier students in 1995. Among Seniors, monthly use of psychedelics increased from 4.4% in 1994 to 8.2% in 1995. Hoosier students also continued illegal use of inhalants and prescription drugs (amphetamines, tranquilizers and prescription narcotics) at levels higher than the national average.

Juveniles and the Law

Continued anxiety about youth violence

In spite of the fact that overall crime rates and arrest rates for some offenses by juveniles have been declining, almost daily reports of juvenile violence keep juvenile crime high on the list of concerns among Americans of all ages. Young people themselves fear violence in their homes, schools and neighborhoods. Across the nation, a "get tough" mentality is growing in state legislatures. Several states have lowered the age at which a young person may be tried in adult court for a serious crime or for repeated, escalating delinquency. It would be very useful to have knowledge of trends in juvenile crime and delinquency among Hoosier young people that goes beyond media stories and anecdotal accounts. Such information is not available.

The Uniform Crime Report (UCR)

A major national source of information about juvenile offenses is the annual Uniform Crime Report published by the Federal Bureau of Investigation.[93] Begun in 1930, the FBI's crime reporting system is a national effort to compile arrest data from more than 16,500 law enforcement jurisdictions throughout the country. In 1993, the UCR covered about 95% of the U.S. population, making it a useful tool for tracking trends for the nation as a whole and for states that consistently forward complete information to the FBI. Unfortunately, Indiana is not one of those states.

Limitations of the Uniform Crime Report

There are a number of limitations in the UCR data as a source of information about crimes committed. For example, the system records arrests only, and only the

most serious crime for which the individual was arrested. There are no records of convictions. Further, one individual may have been arrested several times, while in other instances, several individuals may have been arrested for the same offense.

UCR data for Indiana

In 1993, Indiana remained one of only six states without a statewide mandated system of reporting. Reporting remains purely voluntary for Indiana's 247 law enforcement jurisdictions (including seven on large university campuses). In 1993, 118 jurisdictions (48%) reported for a full twelve months; 25 jurisdictions (10%) submitted partial data and 104 jurisdictions (42%) submitted no data at all. According to the FBI, 1993 reports cover 82% of the population in the state's Metropolitan Statistical Areas (MSAs), 62% of the population in cities outside of MSAs and only 44% of the population in rural areas.[94] Using a method that simultaneously accounts for both population and time covered in each report, an IYI analysis estimates missing data at 34% in 1993.[95] In 1992, 31% of the data were missing. Reporting by many jurisdictions varied from one year to the next. About half of Indiana's population was covered on one of the reports, but not on both. Thus, year-to-year comparisons must be made with caution.

- Analysis of the limited law enforcement jurisdictional reports available for 1993 showed that there were 38,581 reported arrests of juveniles ages 10 to 17; of these arrests, 5% were for violent offenses.
- In 1993, juveniles ages 10 to 17 represented just under 12% of Indiana's population, but accounted for nearly 24% of all arrests and 22% of violent crime arrests.

The distribution of offenses for which juveniles were arrested in 1993 (see Figure 12) is very similar to that of 1991 and 1992.[96]

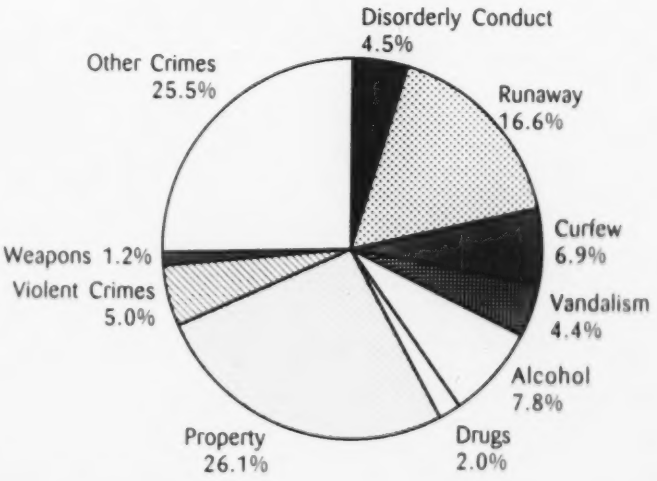
Estimating juvenile crime patterns from the UCR

Given widespread public perceptions of rising juvenile crime, it becomes important to glean all possible trend information from the UCR arrest data. IYI analyzed reports from law enforcement jurisdictions that submitted complete reports for 1991 and 1993. These reports came from all areas of the state and represent jurisdictions of various sizes (Table 16). Arrests in these jurisdictions accounted for 83% of arrests, both for all offenses and for violent crimes.

Expressed as a percent change in the number of arrests, there was an increase of just over 6% in the number of juvenile arrests for all offenses from 29,963 to 31,838. During the three-year period, however, there was a growth of 1.2% in Indiana's juvenile population ages 10 to 17. Expressed as a *rate* per 100,000 juveniles, arrests for all offenses showed an increase of 3.7%, from 9,018 arrests per 100,000 juveniles to a rate of 9,356.

Applying the same methods of analysis to violent crimes (homicide, assault, rape and robbery), the number of arrests grew by nearly 19%, from 1,363 to 1,616. Expressed as *rates* per 100,000 juveniles, violent crime arrests showed an increase of nearly

Figure 12. Offenses for Which Juveniles Were Arrested, Indiana 1993



Note: This distribution of offenses is based only on the data that were reported to the F.B.I. in 1993.

SOURCE: Indiana Youth Institute analysis of FBI Uniform Crime Report data, UCR 90700, 1993.

Table 16. Indiana Juvenile Arrests for All Offenses and Violent Crimes by Size of Law Enforcement Jurisdiction, 1991 and 1993*

Population of Jurisdiction	% Change in Population of Jurisdiction 1991-1993	Juvenile Arrests: All Offenses 1991	All Offenses 1993	All Offenses % Change 1991-93	Violent Crimes 1991	Violent Crimes 1993	Violent Crimes % Change 1991-93
More than 50,000	-9.7	12,437	13,320	7.1	993	1,123	13.1
25,000 - 49,999	3.2	6,008	6,123	1.9	82	106	29.3
10,000 - 24,999	2.5	5,909	5,965	.9	100	114	14.0
Less than 10,000	3.4	1,764	1,813	2.8	33	43	30.3
Balance of county	16.4	3,845	4,617	20.1	155	230	48.4
All jurisdictions	1.9	29,963	31,838	6.3	1,363	1,616	18.6
Estimated Rate per 100,000 youth ages 10-17	--	9,018	9,356	3.7	410	475	15.9

*Figures based on juvenile arrests in law enforcement jurisdictions that submitted reports to the FBI for a full 12 months in both 1991 and 1993. These jurisdictions cover only 51% of the population of Indiana. Arrests in these jurisdictions accounted for 83% of all reported juvenile arrests, and 83% of juvenile arrests for violent crimes in 1993.

SOURCE: IYI analysis of data from the FBI Uniform Crime Reports of 1991 and 1993; Population age 10-17 estimates from Indiana Business Research Center and U.S. Bureau of the Census.

16%, from 410 per 100,000 in juveniles in 1991 to a rate of 475 in 1993. These figures are likely to be overestimates, however, because urban jurisdictions are more likely to have higher arrest rates and are also more likely to be represented in the FBI data.

The national KIDS COUNT initiative estimates the juvenile violent crime arrest rate from the UCR figures by a different method. The KIDS COUNT analysis fills in the gaps in the data by projecting reports submitted to the UCR system as if they were representative of the state's entire population of 10- to 17-year-olds. This method has the same limitations as the IYI analysis, however, because of over representation of the larger urban areas. Using this method, the estimated juvenile violent crime rate was essentially the same in 1993: 474 per 100,000 juveniles ages 10 to 17. This rate represents an increase of nearly 13% over the rate of violent crime arrests in 1991 (421) estimated by the same method.[97]

The continuing need for better information

The need for better information about juveniles in the justice system is obvious. Indiana needs a statewide, mandated crime reporting system. In the best of all possible worlds, such a system would be linked to and use the same definitions and categories employed in the Indiana Child Welfare Information System that will go into operation in 1996. However, simply mandating the creation of a system of crime and juvenile justice reporting is insufficient. Some of Indiana's courts remain without computerized record-keeping and some personnel are unfamiliar with the possibilities of an on-line data base. Thus putting a statewide computerized reporting system into place would require resources for both hardware and software as well as for extensive staff training.

Indiana Judicial Report

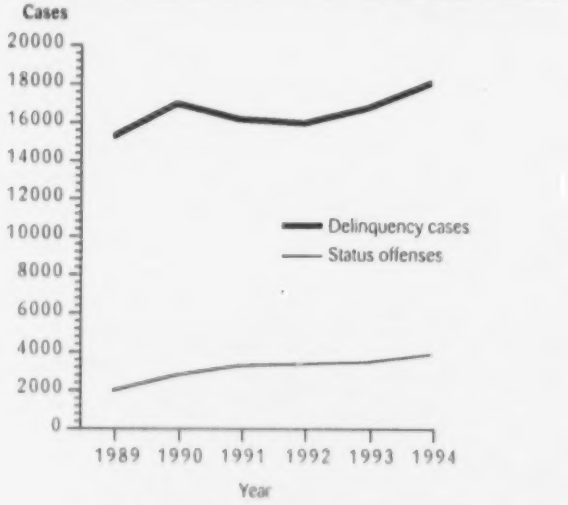
Without a statewide crime reporting system, the only remaining way to estimate trends in juvenile delinquency in Indiana is the annual Indiana Judicial Report based on caseloads compiled by the Division of State Court Administration of the Supreme Court of Indiana (see Table 17). This report compiles records of cases filed in the state's circuit, superior, probate, county and municipal courts.[98] Juvenile court statistics do not include youths younger than age 18 who have been remanded to adult courts because of the seriousness of the crimes of which they have been accused. No records of juvenile waivers to adult courts are compiled at the state level in Indiana.

Figure 13 charts filings of delinquency and status offense (acts that would not be offenses if committed by an adult) cases between 1989 and 1994. The overall trend in both types of cases has been upward, with 1994 figures the highest since reporting began in 1987.[99]

- There were 18,136 juvenile delinquency cases filed in 1994, a numerical increase of 6.9% since 1990. Expressed as a rate per 100,000 youths ages 10 to 17 (the age group most likely to experience arrest), however, the increase is reduced to 3.5% over the same time period.[100]

- The five-year increase in status offense filings was much greater: 39.1%. There were 3,892 such cases filed in 1994, compared with 2,797 in 1990.

Figure 13. Cases of Juvenile Delinquency and Status Offenses Filed in Indiana Courts, 1989-1994



SOURCE: 1994 Indiana Judicial Report, Division of State Court Administration

The *rate* of status offenses per 100,000 youths ages 10 to 17 increased by 35.0% between 1990 and 1994.[101]

There was a similar five-year increase in the number of cases of Children in Need of Services (CHINS) filed: 38.3%. The *rate* increased by 33.9%.The large increases of status offenses and CHINS cases are troubling because they are often predictors of later delinquency.

Table 17. Juvenile Cases Filed in Indiana Circuit and Superior Courts, 1990-1994

Type of Case	Years					% Change 1990-1994
	1990	1991	1992	1993	1994	
Juvenile CHINS	4,409	5,147	5,835	5,687	6,097	38.3
Juvenile delinquency	16,971	16,169	16,039	16,836	18,136	6.9
Juvenile status	2,797	3,255	3,366	3,522	3,892	39.1
Juvenile paternity	13,290	14,057	14,397	13,861	14,547	9.5
Juvenile miscellaneous	7,472	8,917	9,548	9,244	11,313	51.4
Total	44,939	47,545	49,185	49,150	53,985	20.1

SOURCE: Office of State Court Administration, Supreme Court of Indiana, Indiana Judicial Report, 1994

Commitments to the Department of Correction

Commitment to the Indiana Department of Correction (DOC) represents a major step in a young person's life. Some would say that such commitment represents the failure of other institutions – families, schools, congregations, business, and some-

times welfare agencies and community-based organizations, as well – to meet the developmental needs of young people. In 1995, commitments to the DOC grew to 2,016 boys and girls, an increase of 10.4% over the number committed in 1994.[102]

- There were 1,505 boys committed in 1995, up 7.1% from 1994. The number of girls committed grew to 511, a 21.4% increase between 1994 and 1995.

- Most of the overall growth occurred because of a surge in commitments from Marion County – a 15.4% increase in the number of boys and a 49.6% increase in the number of girls. For the remainder of the state, growth in commitments of boys was only 2.0% and of girls, 7.4%.

- Overcrowding at the Indiana Boys School (IBS) has been a persistent problem for the DOC. Indiana entered into a consent decree to reduce the population at IBS to 255 by the end of 1995. The deadline was extended to April 1, 1996, and the maximum population figure changed to 286. On December 29, 1995, the IBS population stood at 301. The DOC has expanded less restrictive alternatives elsewhere in the state and is using an improved system for assessing risk for determining placements. The Indiana Boys' School was made a medium-security facility in 1995 and will be the preferred option only for the state's most serious young offenders.[103]

Teens as victims

Adolescents are more likely to be victims of violent crime (rape, assault, robbery and homicide) than any other age group, but are the least likely to report it. The adolescent as victim of violence is often overlooked in the growing concern about the adolescent as perpetrator of violence.

Homicide

- The latest year for which information is available about homicide deaths among Hoosier young people is 1992, when 72 children (41 of them ages 15-19) died. In the seven-year period 1986-1992, 378 Hoosier children were homicide victims. Of these, 31 (8.2%) were 10 to 14 years of age, and 228 (60.3%) were 15 to 19 years of age.[104]

We do not have information that links the ages of homicide offenders and their victims in Indiana. National data are available from the F.B.I.'s Uniform Crime Report for a total of 10,879 homicides in which there were single victims and single offenders, both of whose ages were known. Persons younger than age 18 were 10.9% of the offenders and 12.5% of the victims. Only 3.7% of the homicides were "kids killing kids." Young people were more than twice as likely (8.8% of homicides) to be victims of adult offenders. Another 7.3% of the homicides involved adults who were killed by a young offender. In the vast majority of homicides (80.3%) both victims and offenders were adults. Of the 1,357 youth victims, 29.4% were killed by another youth. Of the 1,190 victims of young offenders, a third (33.5%) were also youths.[105]

Child abuse and neglect

- There is a tendency to think of victims of abuse and neglect as young children. However, a third (33.3%) of the 5,486 substantiated and indicated victims of physical abuse identified by Indiana's Child Protection Services in FY 1995 were ages 13 and older. Another 35.1% were ages 7 to 12. There were 5,077 substantiated or indicated victims of sexual abuse in FY 1995. Of these, 36.9% were teens ages 13 and older, and an additional 35.3% were ages 7 to 12. Of the 15,744 neglected Hoosier children, 17.2% were ages 13 and older, while 30.6% were ages 7 to 12. Overall, nearly a fourth (24.4%) of all victims of abuse and neglect in Indiana were teens. This proportion has been consistent for several years.[106]

Investing in Hoosiers

Indiana is a state that is taking pride in low income taxes (3.4%) that have not changed for seven years, lean state government and public services, and the largest budget surplus in history – $1.3 billion and growing.[107] As has been noted throughout this report, most of Indiana's young people are doing well, but the state's safety net for poor and troubled children is fragile. Many Hoosier young people are falling through the holes or missing the net entirely.

There are many ways to analyze a state's spending on the infrastructure that supports its citizens. *The Indiana Factbook, 1994-95* found that in 1992, Indiana ranked 43rd overall in state government expenditures per capita. Indiana's per capita expenditures were below the averages for the nation in every area but higher education. Indiana ranked 29th in spending on elementary and secondary education, 32nd in spending on welfare and corrections, and 45th in spending on health.[108] Although there is not a direct association between state spending and the well-being of its citizens, it must be noted that Indiana ranked 32nd on the composite index of 10 KIDS COUNT indicators in 1992.[109]

Another analysis of state expenditures for 1992 examined the amount that each state spent on federal matching programs for children, per $100 of personal income.[110] Personal income is the total amount of income that persons in the state receive from all sources. The 10 states that had the highest KIDS COUNT composite ranks spent an average of $0.33 per $100 of personal income. The 10 states that had the lowest KIDS COUNT composite ranks spent an average of $0.25 per $100 of personal income. The national average was $0.42 per $100 of personal income. Indiana spent $0.26, ranking 36th among the states in spending on federal matching programs for children.

The nation stands on the brink of great change in the way that the federal government is expected to allocate support for children's programs. Past experience has shown that when the federal government reduces support through block grants, states often lower their spending as well. Block grants tend to reduce funds available to support social programs in three ways:

- total federal spending is usually cut when a block grant program is established;
- spending for block grants tends to grow more slowly, if at all, than spending on the categorical programs that the block grants replaced (particularly for open-ended entitlement programs); and,
- states have less incentive to spend their own funds for which federal aid comes in the form of a block grant than for programs where the federal government requires a match of state expenditures.[111]

Indiana is already spending less and providing less support for the institutions and programs that have a major influence in shaping the futures of children and families.

Indiana-born David Hamburg, President of the Carnegie Corporation of New York notes:

> *A good start marks the beginning of hope. A poor start can leave an enduring legacy of impairment, and the high costs may show up in the various systems of health care, education, and juvenile justice. We call these impairments by many names: disease, disability, ignorance, incompetence, hatred, violence. By whatever name, such outcomes entail severe economic and social penalties for the nation.*[112]

Indiana must address the critical question of how long it can continue to do less with even less, and how it will deal with the potential legacy of bad beginnings – impaired lives and loss of hope.

Notes

[1] U.S. Department of Labor study summarized in "People Labels," *U.S. News and World Report*, 119, 20 (November 20, 1995), p. 28.

[2] "Kids Count Demographic Profile, Indiana Population Estimates by Age, Race, Hispanic Origin and Gender: July 1, 1992 and 1990;" (Louisville, KY: Urban Studies Institute, University of Louisville, 1995). Estimates were compiled for White, Black, American Indian/Eskimo/Aleut, Asian/Pacific Islander and Hispanic Hoosiers by 5-year age groups. Population estimates are available for younger than age 20, but not younger than age 18.

[3] Indiana Population Estimates by Age, Race, Hispanic Origin and Gender

[4] Annie E. Casey Foundation, *KIDS COUNT Data on Asian, Native American, and Hispanic Children: Findings From the 1990 Census* (Baltimore, MD: AECF, 1996; Annie E. Casey Foundation, *State-level data on whites, blacks and non-hispanic whites* (Baltimore, MD: AECF, 1996).

[5] Annie E. Casey Foundation, *KIDS COUNT Data Book 1996: State Profiles of Child Well-Being* (Baltimore, MD: AECF, 1996), p. 63.

[6] G. K. Singh, et al, "Annual Summary of Births, Marriages, Divorces, and Deaths: United States," *Monthly Vital Statistics Report*, 43, 13 (October 23, 1995), pp. 3, 12.

[7] G. K. Singh, "Annual Summary of Births, Marriages, Divorces, and Deaths," p. 4.

[8] Supreme Court of Indiana, *1994 Indiana Judicial Report*, Vol. 1 (Indianapolis, IN: Division of Court Administration, 1995), p. 61.

[9] M. J. Marcus, "Economic Expansion Continues in Indiana," *Indiana Business Review*, 70, 4 (December 1995), p. 8.

[10] "Census Bureau Releases Information on Income, Poverty, and Health Insurance Coverage in 1994," *U.S. Department of Commerce News*, CB95-185 (October 5, 1995), pp. 1, 7.

[11] Employment and unemployment data are derived from the Current Population Surveys of the U.S. Bureau of the Census. The Midwest Region includes Illinois, Indiana, Michigan, Ohio and Wisconsin from the East North Central Census Division, and Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota and South Dakota from the West North Central Division. Indiana Department of Workforce Development, "Selected Labor Force Data: U.S., Midwest, Indiana & Indianapolis MSA & City, 1994" (Indianapolis, IN: IDWD, 1996).

[12] Indiana Department of Workforce Development, "Using Workplace Skill Standards in the Classroom," prepared for Session C-6 at *Education That Works, The Governor's Conference on Education and the Economy*, (Indianapolis, IN, April 10, 1996).

[13] Personal communication, Indiana State Department of Education.

[14] "Census Bureau Releases Information1994."

[15] Poverty thresholds are published annually in the *Federal Register*; 1996 poverty levels appeared in the March 4, 1996 issue.

[16] "Census Bureau Releases Information1994."

[17] *KIDS COUNT Data Book 1996*, pp. 145, 155. This figure represents a five-year average based on findings of the Current Population Surveys of 1991 through 1995.

[18] Indiana State Department of Health, 1995. The national KIDS COUNT initiative created a five-year (1991-1993) average of data from the Current Population Surveys that estimated the proportion of extremely poor (household income <50% of poverty level) Hoosier children at 10.1%, compared to 8.9% nationally. They used the same methodology to estimate that 31.6% of Hoosier children (compared to 31.5% of all American children) were poor or near-poor, i.e., they lived in households with incomes less than 150% of the poverty level.

[19] United Way of Central Indiana/Community Service Council and Indiana Coalition for Human Services, *Moving Forward: Investing in Indiana's Human Resources* (Indianapolis, IN: UWCI/CSC and CHS, October 1992), p. 7.

[20] The study was conducted through face-to-face interviews with 400 low-income families with children younger than age 12 living in 11 counties in Indiana. For the study, hunger was defined as "the mental and physical condition that comes from not eating enough food due to insufficient economic, family or community resources." Interviewers used a series of eight questions to probe for information about the frequency, intensity and duration of food shortages (e.g., running out of money to buy food, going without, cutting the size and/or variety of children's meals, etc.). Families answering "Yes" to five or more of the questions were identified as "hungry." Those with four "Yes" answers were considered "at risk for hunger."

[21] The original study of Hoosier hunger was conducted between October 1992 and January 1993. Data were reported in *Hunger in the Hoosier Heartland* (Lafayette, IN: Lafayette Urban Ministry, 1993). Updated information based on 1993 population estimates was contained in the press release, "Study Shows 275,000 Children are Hungry or At Risk," published by The Gleaners Food Bank of Indiana, Inc. on July 20, 1995.

[22] Personal communication, February 1996.

[23] B. Lucas and L. Hackett, *Street Youth: On Their Own in Indianapolis* (Indianapolis, IN: The Health Foundation of Greater Indianapolis, n.d. [1996]). For the purpose of the study, runaway or "unattached" youth were defined as being "under the age of 18, lacking parental, foster, or institutional care, and not currently living in a safe or stable environment" (p. 1).

[24] J. Moore and G. Williams, "Charities Gird for Shift to the States," *The Chronicle of Philanthropy*, 8, 5 (December 14, 1995), p. 1ff.

[25] From Title XIX of the 1965 Amendments for P.L.89-87, The Social Security Act, cited in M. Shea, *Dynamics of Economic Well-Being: Program Participation, 1990 to 1992*, U.S. Bureau of the Census, Current Population Reports, P70-41 (Washington, DC: U.S. Government Printing Office, 1995).

[26] U.S. Congress, House, Committee on Ways and Means, "The Special Supplemental Food Program for Women, Infants, and Children (WIC)," *1994 Green Book: Overview of Entitlement Programs* (Washington, DC: U.S. Government Printing Office, July 15, 1994), pp. 827-829.

[27] Special Supplemental Food Program for Women Infants and Children, *WIC Annual Report*, Fiscal Year 1992 (Indianapolis, IN: Indiana State Department of Health, n.d. [1994]).

[28] Information on 1993 WIC participation was supplied by the WIC/Nutrition Division of the Indiana State Department of Health.

[29] "School Lunch and Breakfast Programs," *1994 Green Book*, pp. 824-826.

[30] Child support data provided by the Child Support Bureau of the Division of Family and Children, Indiana Family Social Services Administration, April 1996.

[31] Survey conducted by the Gallup Organization of New Jersey families, commissioned by Public Service Electric and Gas and the Association for Children of New Jersey in 1993. Cited in The Center on Budget and Policy Priorities, *The 1994 Earned Income Credit Campaign* (Washington, DC: CBPP, The 1994 Earned Income Credit Campaign, 1994).

[32] I. J. Lav and E. B. Lazere, *A Hand Up: How State Earned Income Credits Help Working Families Escape Poverty*, 1996 Edition (Washington, DC: Center on Budget and Policy Priorities, 1996).

[33] Indiana Human Resource Investment Council, *A Statewide Assessment of Local and Regional Welfare Reform Action Plans*, Vol. 1 (Indianapolis, IN: IHRIC, February 27, 1996).

[34] All child abuse and neglect information supplied by the Division of Family and Children, Indiana Family and Social Services Administration.

[35] FY 1995 was a transitional year for classifying the results of investigations of reported child abuse and neglect. The "indicated" category was phased out after February 1995. Only "substantiated" cases were recorded as abuse or neglect by Child Protective Services (CPS) personnel. In FY 1994, investigation found that 45.3% of reported cases of abuse and 45.2% of reported cases of neglect were substantiated or indicated. Of the reports in FY 1994, 28.9% cases of abuse and 29.5% of the reported cases of neglect were found to be substantiated. In FY 1995, with more CPS workers on the job, cases of abuse found to be substantiated rose to 34.0%, and substantiated cases of neglect rose to 37.3%.

[36] In calculating rates, FSSA continues to use population figures from the 1990 census rather than the Census Bureau's annual population estimates. The number of children younger than age 18 on which the abuse/neglect rate is based is the 1990 figure of 1,455,964.

[37] Annie E. Casey Foundation, *KIDS COUNT Data Book 1995* (Baltimore, MD: AECF, 1995), p. 60.

[38] L.B. Jenkins and I.S. Kirsch, *Adult Literacy in Indiana: Results of the State Adult Literacy Survey* (Princeton, NJ: Educational Testing Service, May 1994). Scores for each of the three parts of the literacy assessment were divided into five "levels" on a potential scale of 0 to 500. Level 1 included scores from 0 to 225; Level 2 included scores from 226 to 275; Level 3, from 276 to 325; Level 4, from 326 to 375; and, Level 5 included scores of 376-500. Average proficiency scores for Hoosier adults were 281 for prose literacy; 276 for document literacy; and, 282 for quantitative literacy. Scores for the nation as a whole were 272, 267 and 271, respectively.

[39] *Adult Literacy in Indiana.*

[40] G. Orfield and F. Paul, *High Hopes, Long Odds: A Major Report on Hoosier Teens and the American Dream* (Indianapolis, IN: Indiana Youth Institute, 1993-94).

[41] *KIDS COUNT Data Book, 1995*, p. 60.

[42] B. Powell and L. C. Steelman, "Bewitched, Bothered, and Bewildering: The Use and Misuse of State SAT and ACT Scores," *Harvard Educational Review*, 66, 1 (1996), pp. 27-59.

[43] R. G. Lehnen, "Constructing State Education Performance Indicators from ACT and SAT Scores," *Policy Studies Journal*, 20, 1 (1992), pp. 22-40.

[44] U.S. Bureau of the Census, "Number of Americans in Poverty Up for Third Year, Health Care Coverage Drops, Census Bureau Announces," *U.S. Department of Commerce News* (October 4, 1993).

[45] *Meeting the Challenge 1995: Education Progress in Indiana* (Indianapolis, IN: Office of the Governor, 1995), p. 36.

[46] *Meeting the Challenge 1994: Education Progress in Indiana* (Indianapolis, IN: Office of the Governor, 1994), p. 27.

[47] Indiana Department of Education.

[48] Indiana Department of Education, "Guidelines for Developing an Educational Program for At-Risk Students" (Indianapolis, IN: Indiana Department of Education, n.d. [ca. 1988]).

[49] Indiana Department of Education.

[50] *Meeting the Challenge 1995*, p. 84.

[51] *Meeting the Challenge 1995*, p. 114.

[52] National Center for Health Statistics, *Healthy People 2000 Review, 1994* (Hyattsville, MD: Public Health Service, 1995), pp. iii, 1.

[53] *Healthy People 2000 Review, 1994*, pp. 81-83; S. J. Ventura, et al, " Advance Report of Final Natality Statistics, 1993," Monthly Vital Statistics Report, 44, 3 Supplement (September 21, 1995), pp. 56-57.

[54] Indiana State Department of Health, Data Analysis Team

[55] Healthy People 2000 Review, 1994, pp. 81-83; S. J. Ventura, et al, "Advance Report of Final Natality Statistics, 1993," pp. 18-20.

[56] Indiana State Department of Health, Data Analysis Team.

[57] "Economic Costs of Birth Defects and Cerebral Palsy – United States. 1992," *Morbidity and Mortality Weekly Report*, 44, 37 (September 22, 1995), pp. 694-699.

[58] Diphtheria, pertussis, tetanus (DPT); measles, mumps, rubella (MMR); polio, hepatitis B, and haemophilus influenzae B (Hib). A

vaccine for chickenpox has become available since the Healthy People 2000 objectives were established.

[59] *Healthy People 2000 Review, 1994*, pp. 122-125; "National, State, and Urban Area Vaccination Coverage Levels Among Children Aged 19-35 Months – United States, April 1994-March 1995," *Morbidity and Mortality Weekly Report*, 45, 7 (February 23, 1996), pp. 145-150.

[60] Benton, Boone, Carroll, Decatur, Delaware, Fayette, Hamilton, Hancock, Hendricks, Henry, Johnson, Lawrence, Madison, Morgan, Orange, Randolph, Rush, Shelby, Vermillion, Warrick, Wells, and White.

[61] Indiana State Department of Health, based on assessments of clinics conducted by Public Health Departments in 1994 and 1995. Studies have shown that patterns of immunization found in Public Health clinics closely parallel those of private physicians and are a reliable indicator of immunization levels in the total population.

[62] Since the Indiana General Assembly passed legislation in 1993, all public and private schools have been required to report the immunization status of their students. The four percent of students not fully immunized represent a small number of children whose parents have raised medical or religious objections to immunization. A larger number of these students are in process of becoming fully immunized, but could not be counted as having that status when they entered school. Indiana State Department of Health, *Immunization Assessment, School Year 1994-95* (Indianapolis, IN: ISDH, n.d. [1995]).

[63] Information supplied by Indiana Childhood Lead Poisoning Prevention Program, Indiana State Department of Health. Lead contamination is measured in micrograms per deciliter (100 grams) of blood, expressed as ug/dl. Blood lead levels as low as 10 ug/dl are toxic to children younger than age six.

[64] Division of Mental Health, *1995 Biennial Report* (Indianapolis, IN: Indiana Family and Social Services Administration, July 1995), p. 5.

[65] Division of Mental Health, *Biennial Report*, p. 89.

[66] Division of Mental Health, *Biennial Report*, p. 92.

[67] "Census Bureau Releases Information on Income, Poverty, and Health Insurance Coverage in 1994." Estimates are based on information gathered in the annual Current Population Survey (CPS) of some 60,000 U.S. households.

[68] "Census Bureau Releases Information...1994."

[69] *KIDS COUNT Data Book, 1996*, p. 62. KIDS COUNT estimates are based on a five-year average of annual data from the Current Population Surveys.

[70] UNICEF, *The State of the World's Children 1996* (Oxford, England: Oxford University Press, 1996), p. 81.

[71] "Annual Summary of Births, Marriages, Divorces, and Deaths: United States, 1994."

[72] "Annual Summary of Births, Marriages, Divorces, and Deaths: United States, 1994."

[73] *KIDS COUNT Data Book 1996*, pp. 146, 155.

[74] *KIDS COUNT Data Book 1996*, pp. 146, 155.

[75] S. P. Baker, et al, *Injury to Children and Teenagers: State-by-State Mortality Facts* (Baltimore, MD: The Johns Hopkins Center for Injury Research and Policy for the U.S. Department of Health and Human Services, 1996).

[76] Child Trends, Inc., "Facts at a Glance," (Washington, DC: CTI, January 1996), p. 1.

[77] "Facts at a Glance."

[78] S. S. McLanahan, "The Consequences of Nonmarital Childbearing for Women, Children, and Society," in National Center for Health Statistics, *Report to Congress on Out-of-Wedlock Childbearing*, DHHS Pub. No. (PHS) 95-1257 (Hyattsville, MD: U.S. Department of Health and Human Services, 1995), p. 235.

[79] *Report to Congress*, p. viii.

[80] Indiana data from the Indiana State Department of Health. National data from Child Trends, Inc..

[81] Alan Guttmacher Institute, *Sex and America's Teenagers* (New York and Washington, DC: Alan Guttmacher Institute, 1994), pp. 41-42.

[82] "Advance Report of Final Natality Statistics, 1993."

[83] E. Bayh and F. O'Bannon, *The Indiana Record: Lower Taxes, Personal Responsibility, Lean Government, Education Improvement* (Indianapolis, IN: Office of the Governor, January, 1996).

[84] E. Anderson (Ed.), *Sexuality, Poverty, and the Inner City* (Menlo Park, CA: The Henry J. Kaiser Family Foundation, 1994), p. v.

[85] *The Indiana Record.*

[86] *Sex and America's Teenagers*, p. 42.

[87] "Facts at a Glance," p. 1.

[88] National Center for Health Statistics, "Update: Mortality Attributable to HIV Infection Among Persons Aged 25-44 Years – 1994," *Morbidity and Mortality Weekly Report*, 46, 6 (February 16, 1996), p. 1.

[89] "First 500,000 AIDS Cases – United States, 1995," *Morbidity and Mortality Weekly Report*, 44, 46 (November 24, 1995), pp. 1-5.

[90] All statistical data on HIV infection in Indiana supplied by the Indiana State Department of Health, HIV/STD Division.

[91] The source for all information about alcohol, tobacco and other drug use by young people is: Indiana Prevention Resource Center, *Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents, The Indiana Prevention Resource Center Survey - 1995*; Prevention Monograph Series, Monograph No. 95-1 (Bloomington, IN: IPRC, 1995). The margin of error in the IPRC Survey is +1.5%. Comparative national data cited in the Indiana report are from: L. D. Johnston, P.M. O'Malley, and J.G. Bachman, *National High School Senior Survey of Alcohol and Other Drug Use - Preliminary Data - 1994*, mimeo (Washington, DC: National Clearinghouse on Alcohol and Drug Information; December 17, 1994).

[92] *Alcohol, Tobacco, and Other Drug Use*, p. 116.

[93] Federal Bureau of Investigation, *Crime in the United States: Uniform Crime Reports for the United States, 1993* (Washington, DC: FBI, U.S. Department of Justice, 1994).

[94] *Uniform Crime Reports 1993*, p. 70.

[95] IYI created an indicator based on missing population and unreported time that summarizes missing data in one number. This indicator, "person-months," was calculated for each of the 247 law enforcement jurisdictions by multiplying the population of the reporting jurisdiction by the number of months that jurisdiction actually reported data to the FBI. We then multiplied the total population of Indiana by 12, yielding what would have been the "person-months" had everyone in the state of Indiana been represented in reports for the entire year. "Person-month" figures for all jurisdictions were summed and divided by the total "person-months" for the state as a whole. Using this method, it was found that the reported Indiana UCR data were short of the potential total by 35% in 1993. This estimate cannot be used with any real accuracy to project underestimates in arrests, however. Juvenile crime and subsequent arrest rates vary widely according to the month of the year. Although we know how many months were included in the report for a jurisdiction, we did not know which months were included. The best that can be said is that reports submitted to the FBI significantly underestimate the actual number of juvenile arrests for the Indiana. As the text notes, however, because arrests are more likely to take place in urban areas that are also most likely to report to the FBI, *projections* based on reported arrests are likely to result in overestimates of juvenile arrests in the state.

[96] Arrest estimates based on IYI analysis of FBI Uniform Crime Report data, UCR 90700, 1993.

[97] *KIDS COUNT Data Book 1996*, p. 63.

[98] Supreme Court of Indiana, *1994 Indiana Judicial Report*, 3 vols. (Indianapolis, IN: Division of State Court Administration, Supreme Court of Indiana, 1995).

[99] *1994 Indiana Judicial Report*, Vol. 1, Executive Summary, pp. 60-61.

[100] The rates of delinquency case filings per 100,000 youths ages 10-17 were 2,720 in 1994 and 2,620 in 1990.

[101] The rates of status offense cases per 100,000 juveniles ages 10-17 were 580 in 1994 and 430 in 1990.

[102] Commitment data supplied by the Indiana Department of Correction.

[103] Indiana Department of Correction.

[104] Indiana State Department of Health.

[105] *Uniform Crime Reports 1993*, p. 17.

[106] Information supplied by Indiana Family and Social Services Administration, Division of Family and Children.

[107] *The Indiana Record*.

[108] Indiana University School of Business, Indiana Business Research Center, *The Indiana Factbook 1994-95* (Bloomington, IN: Indiana University Press, 1994), p. 68.

[109] *KIDS COUNT Data Book 1995*, p. 60.

[110] The federal matching programs included in the study were AFDC, Medicaid, Foster care, Maternal and Child Health Block Grants, Child Support, Child Welfare, Adoption Assistance, AFDC Child Care, and At-risk Child Care. Center for the Study of the States, *How Funding of Programs for Children Varies Among the 50 States*, Revised Table 3-4 (Albany, NY: The Nelson A. Rockefeller Institute of Government, 1996), n.p.

[111] S. D. Gould, "The ABCs of Block Grants," *State Fiscal Brief #27* (Albany, NY: Center for the Study of the States, March, 1995) cited in *How Funding of Programs for Children Varies*, p. 47.

[112] D. A. Hamburg, "A Developmental Strategy to Prevent Lifelong Damage." Reprinted from the *1995 Annual Report of the Carnegie Corporation of New York*, 1996.

C1

Appendix

Indicators and Data Sources

The following indicators are included in the tables that follow. Data are provided for the State of Indiana and all 92 counties. National KIDS COUNT indicators are marked with an *.

1. Population

All data in the population tables were provided by the Indiana Business Research Center (IBRC), Indiana University School of Business, Indiana University. Population figures for Indiana and 92 counties are based on data from the U.S. Census Bureau.

Estimated population, 1993. The estimated total population in 1993.

Estimated population <18 years of age, 1993. Estimated number of **males**, **females** and **total population** <18.

Estimated % of population <18, 1993. Population <18 as a percentage of total population (estimates).

Population, 1990. The total population in 1990.

% Under age 18, 1990. The proportion of the population that was younger than age 18 in 1990.

2. Estimated Populations of Color <20, 1992

Population estimates by race and Hispanic origin in 1992 were prepared for the Annie E. Casey Foundation by the Urban Studies Institute, University of Louisville, Louisville, KY. Estimates are based on data from the U.S. Census of 1990.

Estimated population <20, 1992. Estimated total population younger than age 20 in 1992.

% Population <20, White, 1992. Whites as estimated percentage of population younger than age 20.

% Population <20, Black, 1992. Blacks as estimated percentage of population younger than age 20.

% Population <20, American Indian, 1992. American Indians as estimated percentage of population younger than age 20.

% Population <20, Asian-American, 1992. Asian-Americans as estimated percentage of population younger than age 20.

% Population <20 Hispanic, 1992. Hispanics as estimated percentage of population younger than age 20. (Hispanics may be of any race.)

3. One-Parent Families; Poor and Extremely Poor Children

Household data are based on the 1990 U.S. Census. Data provided by the IBRC.

Own children as defined by the U.S. Census Bureau include the family head's children by birth, marriage, or adoption, younger than age 18, living in households. Children younger than 18 living in group quarters are excluded from this count.

Own Children Living in Single-Parent Families. The **number** and **percent** of own children younger than age 18 living in households headed by a single parent, either male or female, with no spouse present.

Poverty

County estimates of child poverty in 1992 are derived from the 1990 U.S. Census and based on 1989 income. Child poverty estimates were provided by the Indiana State Department of Health.

***Poor Children.** A cumulative **number** and **percentage** of children younger than age 18 living in households with incomes below the federal poverty level (100%).

Extremely Poor Children. The **number** and **percentage** of children younger than age 18 living in households with incomes below half of the federal poverty level.

4. Unemployment; Use of Safety Net Programs

Unemployment Rate, 1994. The percentage of unemployed persons ages 16 and older in the labor force in 1994. *Data were provided by the Indiana Department of Workforce Development.*

% of Population Receiving Aid to Families with Dependent Children (AFDC) in Fiscal Year (FY) 1995.

Percentage of the population who were receiving AFDC benefits in FY 1995. FY 1995 ran from July 1, 1994 through June 30, 1995. *Data provided by the Division of Family and Children, Indiana Family and Social Services Administration.*

% of Population Receiving Food Stamp Benefits, FY 1995. Percentage of population who were receiving Food Stamp benefits in FY 1995. *Data provided by the Division of Family and Children, Indiana Family and Social Services Administration.*

% of Population Receiving Medicaid Benefits, FY 1995. Percentage of population who were receiving Medicaid benefits in FY 1995. *Data provided by the Division of Family and Children, Indiana Family and Social Services Administration.*

% of Students Enrolled in Free School Lunch Program, School Year (SY) 1994-95. Percentage of students enrolled in full-day school programs in SY 1994-95 who are also enrolled in school free-lunch programs. Students eligible for free school lunches are also eligible for participation in the free breakfast program. *Data provided by the Indiana Department of Education, School Lunch Division.*

Number Receiving WIC Benefits, FY 1993. The number of women, infants and young children receiving nutrition education and dietary supplements through the WIC Program. *Data provided by the WIC Office, Indiana State Department of Health.*

5. Child Abuse and Neglect, FY 1995

Child abuse and neglect are defined in the 1974 federal Child Abuse Prevention and Treatment Act as: "the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which would indicate that the child's health or welfare is harmed or threatened thereby."

All information about child abuse and neglect was provided by the Division of Family and Children, Indiana Family and Social Services Administration.

Child Abuse, FY 1995

Reported Cases of Child Abuse. The number of reports of suspected abuse of children younger than age 18 that were made in FY 1995. Each reported case is investigated and a determination of case status is made. Determinations have included *substantiated, indicated,* or *unsubstantiated.* The "indicated" determination was phased out in FY 1995. Unsubstantiated cases are those for which investigation finds no evidence, facts, or indications that abuse or neglect occurred.

% of Reports of Abuse Substantiated or Indicated. The percentage of reported cases of child abuse where investigation found evidence that abuse had occurred (substantiated) or where there were significant indications that a child was at risk or there was evidence that abuse may have occurred (indicated). Because of the phase-out of the use of the "indicated" category in FY 1995, most of the cases included in these percentages were substantiated.

Child Neglect, FY 1995

Reported Cases of Child Neglect. The number of reports of suspected neglect of children younger than age 18 that were made in FY 1995.

% of Reports of Neglect Substantiated or Indicated. The percentage of reported cases of child neglect where investigation found evidence that neglect had occurred (substantiated) or where there were significant indications that a child was at risk or there was evidence that neglect may have occurred (indicated). Because of the phase-out of the use of the "indicated" category in FY 1995, most of the cases included in these percentages were substantiated.

Abuse and Neglect Rate, FY 1995. The number of children younger than age 18 per 1,000 children in this age group who were determined to have been abused or neglected in FY 1995. Rate includes both substantiated and a small number of indicated cases of abuse and neglect. Rates are based on population figures from the U.S. Census of 1990.

Total Deaths from Abuse and Neglect, FY 1990-FY 1995. The number of deaths among children younger than age 18 that occurred as a consequence of abuse or neglect in the six-year period from FY 1990 through FY 1995.

6. Education, I. School Year 1994-95

Education statistics provided by the Indiana Department of Education.

Students Enrolled in Grades K-12. The total enrollment in Indiana schools, kindergarten through grade 12, in the 1994-95 school year.

Students Retained in Grade. Students retained in grade as a percentage of students enrolled, for SY 1994-95.

Students Enrolled in Grades 7-12. The total enrollment in Indiana schools, grades 7 through 12, in the 1994-95 school year. This enrollment forms the base for calculating the *annual* dropout rate.

Dropouts from Grades 7-12. A *dropout* is a student who leaves school before graduation without transferring to another school or institution. Dropouts include students who fail to return to school following expulsion when eligible; students who transfer to adult programs, technical schools, GED programs, or to programs not leading to a high-school diploma; Amish students who leave school before high-school graduation; and, students who are incarcerated in adult institutions. Students who suffer from prolonged illness or die, suspended students, and students who transfer to another institution with an education program leading to a high-school diploma are *not* dropouts.

Number of Students Who Dropped Out. The number of students who dropped out of grades 7-12 during the 1994-95 school year.

Dropout Rate. The number of students who dropped out of grades 7-12 as a percentage of students enrolled in grades 7-12 *during the 1994-95 school year.*

***% High-School Graduates, 1992-93.** The Indiana Department of Education calculates the high-school graduation rate as the probability that a student will complete four years of high school without dropping out, based on the percentage of students who drop out of each grade from 9 to 12. This report uses the IDOE method. The figures in the table are for the 1994-95 school year.

7. Education II, School Year 1993-94

Number of High-School Graduates, 1993-94. The number of students who graduated from Indiana high schools during the 1993-94 school year, the last year for which data were available.

% Intending to Pursue Postsecondary Education, 1993-94. The Indiana Department of Education surveys graduating seniors about their plans to pursue postsecondary education. The figures reported in this table represent *intentions* when surveyed during the 1993-94 school year. The number of graduates who actually enrolled in a postsecondary educational program in the year following high-school graduation is known to be considerably smaller.

4-year college. The percentage of seniors graduating during the 1993-94 school year who expressed intent to attend a 4-year postsecondary institution.

Vocational/Technical School. The percentage of seniors graduating during the 1993-94 school year who expressed intent to attend a vocational or technical school.

All Types of Postsecondary Education. The percentage of seniors graduating during the 1993-94 school year who expressed intent to enter any type of postsecondary education program.

***Teens Not High-School Graduates and Not Enrolled in an Educational Program.** The percentage of 16- to 19-year-olds who were not high-school graduates and not enrolled in an educational program either full- or part-time. The latest figures available for the 92 counties are from the U.S. Census of 1990.

8. Live Births, 1993 (Provisional)

Provisional birth data for Indiana and 92 counties provided by the Indiana State Department of Health.

Total Live Births. The total number of live births to women of all ages in 1993, the last year for which information is available.

Live Births to Mothers Ages 10-14. The total number of live births to mothers ages 10 to 14 years, in 1993.

Live Births to Mothers Ages 15-17. The total number of live births to mothers ages 15-17 in 1993.

Live Births to Mothers Ages 18-19. The total number of live births to mothers ages 18-19 in 1993.

% Of All Births that were Nonmarital. Births to single mothers as a percentage of all live births in 1993.

***% Infants Born at Low Birth Weight.** The percentage of infants born with a birth weight of less than 2,500 grams (5.5 pounds) in 1993.

9. Infant and Child Health

All health and mortality statistics provided by the Indiana State Department of Health.

% Mothers Receiving Prenatal Care in 1st Trimester, 1993. The percentage of women who received care in the first trimester of pregnancy in 1993.

Children Fully Immunized

The immunization data for 1994 and 1995 are based on public health clinic records of children who have completed the 4:3:1 series (see text).

% Fully Immunized at Age 2, 1994. The percentage of infants fully immunized (4:3:1 series) at age 2 in 1994.

% Fully Immunized at Age 2, 1995. The percentage of infants fully immunized (4:3:1 series) at age 2 in 1995.

% Fully Immunized at School Entry, SY 1994-95. The percentage of children who were fully immunized when they entered Indiana schools in the 1994-95 school year.

10. FBI Uniform Crime Report, 1993

All information about juvenile arrests is drawn from a secondary analysis of the Federal Bureau of Investigation Uniform Crime Report (FBI/UCR) of 1993 completed by IYI.

Juvenile Arrests. The total number of arrests of juveniles younger than age 18 for all types of offenses in 1993. These figures may include more than one arrest for the same crime, and may include the arrests of the same juvenile at different times during the year.

Data Missing? The FBI/UCR statistics are based on voluntary reporting by law enforcement jurisdictions. This column indicates whether data for a particular county are missing. "No" means juvenile arrest data are present for all 12 months of the year in the FBI report. "No data" means that *no* jurisdiction in that county reported juvenile arrests in 1993. "Yes" means figures represent a partial report (either covering some of a county's jurisdictions, or data are included for only part of a year). Unless data are complete, the figures on juvenile arrests in the FBI/UCR represent an undercount of actual arrests.

Juvenile Violent Crime Arrests, 1993. Because the juvenile arrest data for Indiana counties are incomplete, it was felt that it would be misleading to report *rates* of arrests for violent crimes per 100,000 youths ages 10-17, the national KIDS COUNT indicator. Therefore, only the *numbers* of arrests for violent crimes actually reported are listed. *Violent crimes* include murder, rape, robbery and aggravated assault.

Weapons Offense Arrests, 1993. The reported number of juvenile arrests for weapons offenses in 1993.

11. Juvenile Justice

Juvenile Case Filings, 1994

Information about juvenile case filings provided by the Supreme Court of Indiana, Division of State Court Administration.

CHINS. The number of juvenile cases filed on behalf of children younger than age 18 who were alleged to be in need of services because of abuse, neglect, exploitation, or endangerment.

Delinquents. The number of juvenile cases filed on behalf of children younger than age 18 who were alleged to be delinquent.

Status. The number of juvenile cases filed on behalf of children younger than age 18 who were alleged to have committed acts that would not have been defined as offenses if committed by an adult.

Paternity. The number of juvenile cases filed related to paternity actions (as defined by statute).

Miscellaneous. The number of juvenile cases filed that were not included in one of the categories defined previously. An example in this category would be approval by the court of informal adjustments.

Commitments to the Indiana Department of Correction (IDOC), 1995

Boys. The number of boys younger than age 18 committed to the IDOC in 1995.

Girls. The number of girls younger than age 18 committed to the IDOC in 1995.

County-Level Tables

1. Population
2. Estimated Populations of Color <20, 1992
3. One-Parent Families; Poor and Extremely Poor Children
4. Unemployment; Use of Safety-Net Programs
5. Child Abuse and Neglect, FY 1995
6. Education, I, School Year 1994-95
7. Education, II, School Year 1993-94
8. Live Births, 1993 (Provisional)
9. Infant and Child Health
10. FBI Uniform Crime Report, 1993
11. Juvenile Justice

1. Population

County	Provisional Population Estimates, 1993					Population 1990	
	Total Population	Population < 18					
	All Ages	Male	Female	Total < 18	% < 18	All Ages	% < 18
Adams	31,686	5,106	4,748	9,854	31.1	31,095	31.7
Allen	306,370	42,445	40,654	83,099	27.1	300,836	27.8
Bartholomew	66,125	8,479	8,208	16,687	25.2	63,657	25.9
Benton	9,638	1,386	1,258	2,644	27.4	9,441	28.2
Blackford	13,976	1,825	1,635	3460	24.8	14,067	25.4
Boone	40,225	5,547	5,207	10,754	26.7	38,147	27.4
Brown	14,900	1,878	1,695	3,573	24.0	14,080	24.6
Carroll	19,324	2,555	2,437	4,992	25.8	18,809	26.5
Cass	38,589	5,084	4,867	9,951	25.8	38,413	26.4
Clark	90,103	11,568	10,997	22,565	25.0	87,777	25.7
Clay	25,707	3,394	3,179	6,573	25.6	24,705	26.1
Clinton	31,970	4,445	4,169	8,614	26.9	30,974	27.6
Crawford	10,165	1,410	1,319	2,729	26.9	9,914	27.5
Daviess	28,142	4,107	3,851	7,958	28.3	27,533	28.9
Dearborn	42,161	6,069	5,737	11,806	28.0	38,835	28.6
Decatur	24,477	3,602	3,302	6,904	28.2	23,645	28.9
DeKalb	37,034	5,335	5,143	10,478	28.3	35,324	28.9
Delaware	119,413	12,998	12,605	25,603	21.4	119,659	22.1
Dubois	37,860	5,232	5,176	10,408	27.5	36,616	28.1
Elkhart	161,652	23,087	21,874	44,961	27.8	156,198	28.5
Fayette	26,284	3,509	3,306	6,815	25.9	26,015	26.5
Floyd	68,177	8,985	8,641	17,626	25.9	64,404	26.5
Fountain	17,952	2,335	2,195	4,530	25.2	17,808	25.9
Franklin	20,019	2,968	2,806	5,774	28.8	19,580	29.6
Fulton	19,457	2,587	2,476	5,063	26.0	18,840	26.6
Gibson	32,056	4,058	3,962	8,020	25.0	31,913	25.7
Grant	73,884	9,138	8,700	17,838	24.1	74,169	24.8
Greene	31,976	4,088	3,830	7,918	24.8	30,410	25.4
Hamilton	127,662	18,365	17,819	36,184	28.3	108,936	29.0
Hancock	48,215	6,690	6,299	12,989	26.9	45,527	27.6
Harrison	31,313	4,492	4,166	8,658	27.6	29,890	28.3
Hendricks	82,033	11,634	10,665	22,299	27.2	75,717	27.9
Henry	48,686	5,903	5,739	11,642	23.9	48,139	24.6
Howard	82,768	10,987	10,525	21,512	26.0	80,827	26.7
Huntington	36,235	5,031	4,767	9,798	27.0	35,427	27.7
Jackson	39,136	5,258	5,059	10,317	26.4	37,730	27.0
Jasper	26,600	3,868	3,580	7,448	28.0	24,960	28.7
Jay	21,753	2,934	2,701	5,635	25.9	21,512	26.5
Jefferson	30,442	3,869	3,569	7,438	24.4	29,797	25.0
Jennings	24,935	3,381	3,204	6,585	26.4	23,661	27.0
Johnson	96,644	13,084	12,458	25,542	26.4	88,109	27.0
Knox	40,053	4,606	4,401	9,007	22.5	39,884	23.2
Kosciusko	66,823	9,614	9,180	18,794	28.1	65,294	28.8
Lagrange	30,745	5,486	5,087	10,573	34.4	29,477	35.1
Lake	481,038	67,093	64,613	131,706	27.4	475,594	28.0

1. Population, cont.

Counties	Provisional Population Estimates, 1993					Population 1990	
	Total Population	Population < 18					
	All Ages	Male	Female	Total < 18	% < 18	All Ages	% < 18
LaPorte	109,453	13,915	13,122	27,037	24.7	107,066	25.3
Lawrence	43,887	5,663	5,273	10,936	24.9	42,836	25.5
Madison	131,980	16,466	15,386	31,852	24.1	130,669	24.8
Marion	815,031	103,544	99,025	202,569	24.9	797,159	25.5
Marshall	43,603	6,322	5,832	12,154	27.9	42,182	28.5
Martin	10,461	1,425	1,335	2,760	26.4	10,369	27.0
Miami	36,266	5,168	4,908	10,076	27.8	36,897	28.4
Monroe	112,228	10,314	9,659	19,973	17.8	108,978	18.4
Montgomery	35,457	4,494	4,227	8,721	24.6	34,436	25.2
Morgan	59,445	8,306	7,860	16,166	27.2	55,920	27.8
Newton	14,004	2,035	1,944	3,979	28.4	13,551	29.0
Noble	39,430	5,822	5,500	11,322	28.7	37,877	29.3
Ohio	5,469	714	679	1,393	25.5	5,315	26.2
Orange	18,683	2,483	2,396	4,879	26.1	18,409	26.7
Owen	18,814	2,494	2,432	4,926	26.2	17,281	26.8
Parke	15,830	2,030	1,835	3,865	24.4	15,410	25.1
Perry	18,978	2,413	2,371	4,784	25.2	19,107	25.9
Pike	12,524	1,589	1,394	2,983	23.8	12,509	24.5
Porter	136,261	18,669	18,028	36,697	26.9	128,932	27.6
Posey	26,183	3,715	3,456	7,171	27.4	25,968	28.0
Pulaski	12,984	1,875	1,754	3,629	27.9	12,643	28.6
Putnam	31,835	3,586	3,571	7,157	22.5	30,315	23.1
Randolph	27,193	3,553	3,316	6,869	25.3	27,148	25.9
Ripley	25,982	3,717	3,519	7,236	27.9	24,616	28.5
Rush	18,368	2,580	2,445	5,025	27.4	18,129	27.9
Saint Joseph	253,472	32,084	30,389	62,473	24.6	247,052	27.3
Scott	21,926	3,026	2,927	5,953	27.2	20,991	27.3
Shelby	41,868	5,666	5,526	11,192	26.7	40,307	27.8
Spencer	19,862	2,660	2,627	5,287	26.6	19,490	27.8
Starke	22,294	3,211	2,914	6,125	27.5	22,747	28.0
Steuben	28,782	3,733	3,610	7,343	25.5	27,446	26.1
Sullivan	19,137	2,436	2,302	4,738	24.8	18,993	25.5
Switzerland	8,093	1,095	1,056	2,151	26.6	7,738	27.0
Tippecanoe	133,561	14,159	13,012	27,171	20.3	130,598	21.0
Tipton	16,346	2,193	1,980	4,173	25.5	16,119	26.1
Union	7,297	1,031	963	1,994	27.3	6,976	28.0
Vanderburgh	167,120	19,817	19,003	38,820	23.2	165,058	23.9
Vermillion	16,803	2,069	2,019	4,088	24.3	16,773	24.9
Vigo	107,502	12,351	11,667	24,018	22.3	106,107	23.0
Wabash	34,731	4,651	4,256	8,907	25.6	35,069	26.3
Warren	8,177	1,099	986	2,085	25.5	8,176	26.2
Warrick	47,527	6,827	6,327	13,154	27.7	44,920	28.3
Washington	24,951	3,535	3,144	6,679	26.8	23,717	27.4
Wayne	72,368	9,299	8,484	17,783	24.6	71,951	25.2
Wells	26,133	3,807	3,444	7,251	27.7	25,948	28.4
White	24,059	3,217	3,136	6,353	26.4	23,265	27.0
Whitley	28,794	4,121	3,858	7,979	27.7	27,651	28.4
Indiana	**5,673,869**	**745,388**	**707,958**	**1,453,346**	**25.8**	**5,544,159**	**26.3**

2. Estimated Population of Color < 20 Years of Age, 1992

County	Total estimated population					
	Total	White %	Black %	American Indian %	Asian- American %	Hispanic* %
Adams	10,662	99.4	0.1	0.2	0.2	3.5
Allen	91,104	84.0	14.5	0.4	1.1	2.8
Bartholomew	18,246	96.5	2.1	0.2	1.2	1.1
Benton	2,845	99.8	0.0	0.1	0.0	2.0
Blackford	3,830	99.4	0.1	0.3	0.2	1.2
Boone	11,092	99.1	0.2	0.2	0.4	0.8
Brown	3,860	99.3	0.2	0.4	0.1	0.8
Carroll	5,481	99.7	0.1	0.1	0.0	1.0
Cass	10,892	98.5	0.7	0.4	0.4	0.8
Clark	24,993	92.2	7.0	0.2	0.6	0.9
Clay	7,033	99.4	0.3	0.2	0.1	0.3
Clinton	9,262	99.3	0.2	0.2	0.3	2.6
Crawford	2,950	99.6	0.0	0.3	0.1	0.2
Daviess	8,555	99.6	0.3	0.1	0.0	0.4
Dearborn	12,619	98.8	0.8	0.2	0.2	0.4
Decatur	7,489	98.8	0.4	0.1	0.7	0.5
DeKalb	11,325	99.2	0.0	0.0	0.0	1.5
Delaware	33,326	91.0	8.2	0.2	0.6	1.0
Dubois	11,162	99.5	0.1	0.1	0.3	1.3
Elkhart	48,572	92.5	6.4	0.3	0.9	2.8
Fayette	7,485	97.6	1.9	0.1	0.4	0.5
Floyd	19,140	93.7	5.7	0.2	0.4	0.5
Fountain	4,963	99.6	0.0	0.1	0.3	0.9
Franklin	6,495	99.5	0.1	0.2	0.2	0.3
Fulton	5,443	98.3	1.1	0.2	0.3	1.2
Gibson	8,742	97.3	2.2	0.1	0.4	0.6
Grant	20,603	89.2	9.5	0.4	0.8	3.2
Greene	8,520	99.6	0.1	0.2	0.2	0.7
Hamilton	36,943	97.8	0.6	0.1	1.4	0.9
Hancock	14,019	99.3	0.1	0.1	0.4	1.0
Harrison	9,284	99.2	0.5	0.2	0.2	0.5
Hendricks	23,596	98.4	1.0	0.2	0.4	0.6
Henry	12,880	98.5	1.2	0.1	0.2	0.6
Howard	23,565	92.2	6.8	0.3	0.6	2.0
Huntington	10,650	98.7	0.2	0.6	0.5	1.3
Jackson	11,131	98.7	0.4	0.2	0.7	0.5
Jasper	8,204	99.0	0.6	0.2	0.3	1.6
Jay	6,195	99.5	0.1	0.1	0.3	1.0
Jefferson	8,480	97.9	1.2	0.3	0.6	0.6
Jennings	7,174	98.7	0.8	0.1	0.4	0.5
Johnson	27,548	97.4	1.8	0.1	0.8	0.9
Knox	11,506	97.5	1.8	0.2	0.5	0.8
Kosciusko	20,319	98.4	0.7	0.2	0.7	2.9
Lagrange	11,368	99.1	0.3	0.2	0.4	1.5
Lake	145,074	68.6	30.5	0.2	0.7	12.7

*Hispanics may be of any race.

2. Estimated Population of Color < 20 Years of Age, 1992, cont.

	Total estimated population					
County	Total	White %	Black %	American Indian %	Asian- American %	Hispanic* %
LaPorte	29,679	88.5	10.8	0.2	0.5	2.2
Lawrence	11,949	99.2	0.4	0.2	0.2	0.6
Madison	35,757	89.4	10.0	0.2	0.4	1.0
Marion	224,009	70.9	27.8	0.2	1.1	1.5
Marshall	13,083	99.1	0.2	0.2	0.5	3.2
Martin	3,036	99.6	0.2	0.1	0.2	0.1
Miami	11,287	93.6	3.9	1.9	0.7	2.3
Monroe	30,018	94.0	3.7	0.2	2.1	1.5
Montgomery	9,687	98.4	0.9	0.3	0.4	0.7
Morgan	17,581	99.6	0.0	0.3	0.1	0.6
Newton	4,308	99.4	0.0	0.3	0.2	2.3
Noble	12,143	99.2	0.2	0.2	0.4	2.5
Ohio	1,499	99.1	0.5	0.2	0.2	0.1
Orange	5,311	98.9	0.8	0.2	0.1	0.5
Owen	5,244	99.5	0.2	0.1	0.1	0.5
Parke	4,240	98.9	0.5	0.4	0.2	1.2
Perry	5,283	99.3	0.3	0.2	0.3	0.3
Pike	3,268	99.6	0.1	0.1	0.2	0.4
Porter	40,622	98.3	0.5	0.2	1.0	4.6
Posey	7,765	98.2	1.5	0.2	0.2	0.5
Pulaski	3,923	98.9	0.7	0.1	0.3	1.1
Putnam	8,773	97.3	1.9	0.2	0.6	0.7
Randolph	7,594	99.4	0.2	0.3	0.1	1.1
Ripley	7,713	99.7	0.1	0.2	0.1	0.3
Rush	5,470	98.2	1.0	0.1	0.6	0.6
Saint Joseph	70,970	84.1	14.1	0.5	1.3	3.5
Scott	6,429	99.5	0.0	0.2	0.3	1.0
Shelby	12,084	98.4	1.0	0.1	0.5	0.4
Spencer	5,728	99.3	0.5	0.1	0.1	0.5
Starke	6,803	98.9	0.4	0.5	0.1	2.6
Steuben	8,199	99.0	0.2	0.3	0.4	1.2
Sullivan	5,166	99.5	0.1	0.3	0.1	0.6
Switzerland	2,309	99.4	0.2	0.2	0.2	0.4
Tippcanoe	37,811	94.0	2.8	0.3	2.9	2.1
Tipton	4,539	99.4	0.1	0.1	0.4	0.8
Union	2,132	99.2	0.2	0.1	0.5	0.5
Vanderburgh	43,421	88.4	10.7	0.2	0.8	0.7
Vermillion	4,481	99.6	0.1	0.1	0.2	0.5
Vigo	28,980	92.1	6.5	0.3	1.0	0.8
Wabash	10,149	97.8	0.7	1.0	0.5	1.6
Warren	2,285	99.7	0.0	0.1	0.2	0.6
Warrick	14,111	98.3	1.0	0.2	0.5	0.5
Washington	7,196	99.7	0.0	0.1	0.2	0.7
Wayne	19,977	92.4	6.8	0.2	0.6	0.8
Wells	7,853	99.5	0.1	0.2	0.2	1.6
White	6,859	99.5	0.0	0.3	0.2	1.2
Whitley	8,626	99.2	0.2	0.3	0.2	0.6
Indiana	**1,629,975**	**96.9**	**2.4**	**0.2**	**0.5**	**1.3**

3. Single-parent families; poor and extremely poor children

County	Children Living in Single-Parent Households, 1990		Children in Households with Incomes: Below Poverty Level, 1992		Children in Households with Incomes: Below Half of Poverty Level, 1992	
	Number	%	Number	%	Number	%
Adams	1,049	11.0	1,937	19.6	788	8.0
Allen	16,351	21.1	9,950	11.9	4,053	4.8
Bartholomew	2,579	16.9	2,014	12.1	820	4.9
Benton	360	14.3	253	9.5	102	3.8
Blackford	548	16.4	503	14.4	205	5.9
Boone	1,152	11.8	950	9.2	387	3.7
Brown	390	12.3	318	8.9	129	3.6
Carroll	559	11.9	531	10.5	216	4.3
Cass	1,804	19.1	1,554	15.5	633	6.3
Clark	4,629	22.4	3,524	15.5	1,435	6.3
Clay	905	15.0	1,130	17.4	460	7.1
Clinton	1,261	15.9	1,130	13.1	461	5.3
Crawford	366	14.5	714	26.2	291	10.7
Daviess	1,030	13.6	1,882	23.7	766	9.6
Dearborn	1,469	14.2	1,374	11.8	560	4.8
Decatur	995	15.6	863	12.5	352	5.1
DeKalb	1,359	14.2	1,024	9.8	416	4.0
Delaware	5,721	23.6	5,276	20.2	2,148	8.2
Dubois	1,088	11.1	640	6.2	261	2.5
Elkhart	6,988	17.0	4,976	11.1	2,025	4.5
Fayette	1,412	22.1	1,149	16.8	468	6.8
Floyd	3,587	22.8	3,112	17.7	1,267	7.2
Fountain	663	15.2	701	15.3	285	6.2
Franklin	572	10.5	847	14.2	345	5.8
Fulton	756	16.2	734	14.5	298	5.9
Gibson	1,137	14.7	1,049	13.0	427	5.3
Grant	4,035	24.4	3,784	20.9	1,543	8.5
Greene	1,180	16.3	1,614	20.5	658	8.4
Hamilton	3,258	10.7	1,535	4.4	625	1.8
Hancock	1,290	11.0	812	6.3	331	2.6
Harrison	1,082	13.8	1,225	14.3	499	5.8
Hendricks	2,130	10.9	998	4.6	407	1.9
Henry	2,022	18.4	2,334	19.9	950	8.1
Howard	4,568	22.9	4,170	19.2	1,698	7.8
Huntington	1,392	15.1	817	8.4	333	3.4
Jackson	1,541	16.3	1,561	15.2	636	6.2
Jasper	844	12.5	828	11.3	337	4.6
Jay	866	16.2	770	13.5	314	5.5
Jefferson	1,344	19.6	1,316	17.5	537	7.2
Jennings	896	15.3	1,229	18.8	501	7.7
Johnson	3,234	14.6	2,367	9.5	963	3.9
Knox	1,646	19.0	2,092	23.1	852	9.4
Kosciusko	2,334	13.2	1,761	9.4	717	3.8
Lagrange	705	7.2	1,854	17.7	754	7.2
Lake	34,400	29.1	32,392	24.3	13,193	9.9

3. Single-parent families; poor and extremely poor children, cont.

County	Children Living in Single-Parent Households, 1990		Children in Households with Incomes: Below Poverty Level, 1992		Children in Households with Incomes: Below Half of Poverty Level, 1992	
	Number	%	Number	%	Number	%
LaPorte	5,209	20.9	4,518	16.6	1,840	6.8
Lawrence	1,488	14.7	1,570	14.4	640	5.9
Madison	7,072	24.0	7,273	22.7	2,961	9.2
Marion	54,189	29.9	41,710	20.4	16,988	8.3
Marshall	1,579	13.9	1,355	11.1	552	4.5
Martin	371	14.5	563	20.2	229	8.2
Miami	1,562	15.7	1,794	17.3	731	7.0
Monroe	3,899	20.9	3,229	16.1	1,316	6.6
Montgomery	1,306	16.0	1,161	13.3	473	5.4
Morgan	2,029	14.1	1,478	9.2	603	3.7
Newton	481	13.2	557	14.0	227	5.7
Noble	1,479	14.2	1,466	13.1	596	5.3
Ohio	156	11.9	138	10.1	57	4.2
Orange	816	17.8	1,085	22.2	441	9.0
Owen	643	15.2	938	19.4	382	7.9
Parke	594	16.8	562	14.5	229	5.9
Perry	725	15.6	795	16.5	323	6.7
Pike	420	14.6	689	23.0	281	9.4
Porter	4,691	14.0	3,032	8.3	1,235	3.4
Posey	879	12.6	741	10.3	302	4.2
Pulaski	425	12.5	569	15.6	231	6.3
Putnam	823	12.6	849	11.8	345	4.8
Randolph	1,108	16.8	1,257	18.2	512	7.4
Ripley	843	12.8	1,040	14.5	423	5.9
Rush	660	14.6	736	14.6	299	5.9
Saint Joseph	13,451	23.5	9,765	15.6	3,978	6.4
Scott	1,036	19.5	1,779	30.1	724	12.3
Shelby	1,474	14.7	1,176	10.6	479	4.3
Spencer	603	11.8	646	12.2	263	5.0
Starke	918	15.8	1,340	21.4	546	8.7
Steuben	959	14.2	404	5.5	164	2.2
Sullivan	618	13.7	857	18.0	348	7.3
Switzerland	287	15.0	493	23.0	200	9.3
Tippecanoe	4,412	17.1	3,293	12.0	1,341	4.9
Tipton	513	12.9	391	9.4	159	3.8
Union	301	16.7	251	12.8	102	5.2
Vanderburgh	8,850	24.4	7,664	19.6	3,121	8.0
Vermillion	694	17.9	704	17.3	286	7.0
Vigo	5,044	22.5	5,133	21.2	2,091	8.6
Wabash	1,246	14.8	1,080	12.0	439	4.9
Warren	215	10.5	276	13.2	112	5.4
Warrick	1,490	12.4	1,250	9.6	510	3.9
Washington	980	16.3	1,325	20.1	543	8.3
Wayne	3,970	24.0	4,256	23.8	1,734	9.7
Wells	866	12.3	552	7.6	225	3.1
White	926	15.6	587	9.3	239	3.8
Whitley	922	12.4	549	6.9	223	2.8
Indiana	**270,719**	**20.2**	**234,470**	**16.0**	**95,489**	**6.5**

4. Unemployment; Use of Safety Net Programs

County	Unemployment Rate 1994	Population Receiving Benefits, FY 1995			Students Enrolled in Free School Lunch Program SY 1994-95	Women, Children Receiving WIC Benefits FY 1993
		AFDC %	Food Stamps %	Medicaid %	%	Number
Adams	3.9	1.0	4.4	5.3	12.4	1,149
Allen	4.5	3.1	8.0	8.5	21.1	10,926
Bartholomew	4.0	1.6	5.3	6.8	16.2	2,782
Benton	5.6	1.3	5.0	6.3	19.2	410
Blackford	6.9	2.0	9.0	9.9	23.1	822
Boone	3.2	0.5	2.5	4.0	10.7	1,018
Brown	3.1	1.4	5.8	7.1	16.4	652
Carroll	4.3	0.7	2.8	4.1	14.8	536
Cass	8.2	1.9	8.1	9.1	21.6	1,436
Clark	5.6	2.9	7.7	9.3	23.5	3,185
Clay	5.7	1.7	6.5	8.0	18.9	1,592
Clinton	4.2	1.5	5.5	6.7	18.8	1,323
Crawford	9.9	3.2	10.5	12.8	32.6	527
Daviess	4.9	2.3	7.7	9.6	20.7	1,224
Dearborn	6.1	1.8	5.8	6.7	16.5	1,685
Decatur	3.9	1.3	5.6	6.6	13.4	980
DeKalb	4.8	0.7	3.2	4.7	10.7	970
Delaware	5.4	3.4	10.2	10.4	27.4	5,783
Dubois	3.5	0.4	2.0	4.5	6.8	1,177
Elkhart	3.9	2.0	5.7	7.2	18.4	7,464
Fayette	8.6	3.1	9.4	11.6	24.1	1,443
Floyd	4.6	3.3	8.3	9.9	23.1	2,823
Fountain	6.0	1.4	5.5	6.9	19.0	769
Franklin	6.6	1.4	5.3	6.9	18.8	1,128
Fulton	5.1	1.4	4.6	6.5	13.5	775
Gibson	7.0	1.8	6.0	7.2	12.4	1,212
Grant	7.3	3.4	10.5	12.0	21.8	3,770
Greene	8.8	1.8	6.6	8.8	22.3	1,272
Hamilton	2.4	0.5	1.9	2.9	5.2	1,893
Hancock	3.3	0.7	2.7	4.0	7.2	968
Harrison	4.7	2.1	7.6	8.3	17.3	1,658
Hendricks	2.5	0.5	2.3	3.1	6.3	1,764
Henry	6.6	2.2	8.4	9.6	23.9	2,110
Howard	5.9	2.7	7.5	9.1	24.6	3,564
Huntington	5.5	0.9	3.5	5.6	12.6	1,482
Jackson	4.4	1.6	5.8	7.6	18.9	1,591
Jasper	5.7	1.5	5.8	6.6	14.0	1,008
Jay	5.8	1.4	7.1	8.2	25.0	1,363
Jefferson	5.1	2.3	7.6	9.4	8.5	1,442
Jennings	3.8	1.7	6.7	10.9	21.4	1,274
Johnson	3.3	1.1	4.1	4.7	11.4	2,410
Knox	4.8	3.3	9.9	11.4	23.6	1,846
Kosciusko	3.9	0.7	3.0	4.6	14.1	2,224
Lagrange	4.2	0.4	1.8	3.4	12.0	721
Lake	6.6	7.7	14.5	14.0	31.8	23,738

4. Unemployment; Use of Safety Net Programs, cont.

County	Unemployment Rate 1994	Population Receiving Benefits, FY 1995			Students Enrolled in Free School Lunch Program SY 1994-95	Women, Children Receiving WIC Benefits FY 1993
		AFDC %	Food Stamps %	Medicaid %	%	Number
LaPorte	5.2	2.8	7.7	8.5	18.8	5,795
Lawrence	7.1	1.4	6.6	8.5	24.2	2,116
Madison	5.2	3.5	8.5	9.8	27.1	5,428
Marion	4.6	5.0	11.8	11.3	32.2	39,596
Marshall	3.9	1.0	4.0	5.3	16.3	1,729
Martin	6.1	2.4	8.3	10.0	25.0	552
Miami	5.9	2.7	8.5	9.3	19.4	2,418
Monroe	4.0	1.4	5.1	5.6	18.3	3,450
Montgomery	3.2	1.5	5.3	6.9	16.5	1,411
Morgan	4.4	1.2	6.4	6.9	14.4	2,109
Newton	5.6	1.9	6.4	7.9	18.9	571
Noble	4.1	0.6	2.9	4.5	14.5	1,060
Ohio	6.0	1.1	3.8	6.7	16.0	233
Orange	8.7	2.1	9.8	11.3	27.5	977
Owen	5.8	2.0	8.0	9.1	21.6	834
Parke	5.8	1.9	6.7	9.2	22.6	563
Perry	8.3	1.6	6.2	7.4	20.0	564
Pike	7.0	2.3	9.8	10.5	23.3	461
Porter	4.5	1.1	3.8	4.5	10.6	5,262
Posey	4.2	2.4	6.7	8.0	14.1	868
Pulaski	5.9	1.8	7.0	8.0	17.7	765
Putnam	3.6	0.8	4.3	5.4	18.3	1,587
Randolph	8.6	2.8	9.5	10.8	21.3	1,589
Ripley	5.6	1.7	6.1	8.0	16.8	750
Rush	5.2	1.5	5.4	7.2	19.9	739
Saint Joseph	4.5	4.1	8.7	9.4	26.1	11,476
Scott	5.3	4.0	12.5	13.9	31.5	1,686
Shelby	4.6	1.4	5.5	6.9	14.7	1,421
Spencer	6.0	1.3	6.0	7.1	13.5	552
Starke	6.6	2.2	10.1	10.5	26.3	1,469
Steuben	4.2	0.9	4.9	6.6	14.9	1,293
Sullivan	8.4	2.5	10.1	10.9	21.7	867
Switzerland	5.6	2.0	9.5	10.7	30.1	284
Tippecanoe	3.6	1.6	4.9	5.5	15.6	4,944
Tipton	4.7	0.9	5.2	5.7	11.8	380
Union	5.6	1.9	6.5	9.0	19.4	330
Vanderburgh	5.1	4.1	11.0	11.4	26.3	6,268
Vermillion	8.2	1.9	6.1	8.3	25.6	534
Vigo	6.1	2.9	8.8	9.6	28.1	4,801
Wabash	4.9	1.1	4.1	6.7	16.9	1,639
Warren	4.2	1.2	4.4	6.1	17.1	561
Warrick	5.2	1.1	4.9	6.0	12.2	1,324
Washington	6.1	2.3	8.2	10.7	24.0	1,073
Wayne	6.2	3.9	11.4	12.0	29.7	4,036
Wells	4.0	0.8	3.0	4.8	10.8	1,059
White	5.0	1.4	5.9	7.2	14.2	888
Whitley	3.9	0.5	2.7	4.1	8.0	905
Indiana	**4.9**	**3.0**	**8.0**	**8.8**	**21.6**	**239,106**

5. Child Abuse and Neglect

County	Child Abuse, FY 1995 Reported Cases	Child Abuse, FY 1995 % Reports Sub./Ind.	Child Neglect, FY 95 Reported Cases	Child Neglect, FY 95 % Reports Sub./Ind.	Abuse & Neglect Rates per 1,000 Children < 18	Total Deaths Abuse & Neglect FY 1990-FY 1995
Adams	149	40.9	279	45.5	19.1	0
Allen	921	46.0	1,697	49.1	15.1	7
Bartholomew	522	27.2	745	23.1	19.1	1
Benton	34	47.1	48	37.5	12.8	0
Blackford	38	60.5	63	61.9	17.4	1
Boone	73	37.0	40	25.0	3.5	1
Brown	80	27.5	89	28.1	13.6	1
Carroll	74	47.3	59	45.8	12.5	1
Cass	179	44.1	254	42.9	18.5	2
Clark	506	46.4	675	41.5	22.8	3
Clay	128	37.5	151	31.1	14.7	2
Clinton	172	35.5	154	40.3	14.4	0
Crawford	76	17.1	173	33.5	26.0	0
Daviess	90	37.8	143	42.0	11.8	1
Dearborn	208	33.2	244	31.1	13.1	4
Decatur	86	39.5	138	65.2	18.2	5
DeKalb	230	44.8	410	45.6	28.4	3
Delaware	692	41.5	1,476	49.3	38.4	6
Dubois	164	36.0	204	31.4	11.9	0
Elkhart	1,256	43.2	1,424	35.3	23.5	13
Fayette	215	37.7	366	26.2	25.6	0
Floyd	307	49.5	547	59.6	28.0	8
Fountain	20	50.0	35	68.6	7.4	0
Franklin	105	33.3	183	43.7	19.9	0
Fulton	62	37.1	64	39.1	9.6	0
Gibson	89	48.3	161	66.5	18.3	0
Grant	369	22.5	610	23.9	12.5	1
Greene	179	41.9	391	31.2	25.5	1
Hamilton	270	17.8	215	21.9	3.0	2
Hancock	204	37.3	181	35.4	11.2	0
Harrison	166	49.4	167	54.5	20.5	0
Hendricks	296	44.3	295	52.5	13.5	2
Henry	196	58.2	252	59.5	22.3	4
Howard	735	37.3	952	38.8	29.8	5
Huntington	201	31.8	261	20.7	12.0	1
Jackson	193	22.3	442	10.0	8.5	0
Jasper	89	28.1	120	37.5	9.8	2
Jay	91	56.0	82	56.1	17.0	0
Jefferson	165	26.7	356	21.1	16.0	2
Jennings	237	49.8	347	61.4	51.8	0
Johnson	441	30.4	472	29.0	11.4	3
Knox	163	49.7	333	29.4	19.4	5
Kosciusko	210	51.0	211	57.8	12.2	5
Lagrange	216	36.1	248	31.0	15.0	1
Lake	1,331	47.0	2,793	57.6	16.8	46

5. Child Abuse and Neglect, cont.

County	Child Abuse, FY 1995 Reported Cases	Child Abuse, FY 1995 % Reports Sub./Ind.	Child Neglect, FY 95 Reported Cases	Child Neglect, FY 95 % Reports Sub./Ind.	Abuse & Neglect Rates per 1,000 Children < 18	Total Deaths Abuse & Neglect FY 1990-FY 1995
LaPorte	862	40.8	723	30.2	21.0	6
Lawrence	187	47.1	307	26.1	15.4	1
Madison	1,035	38.1	1,401	47.5	32.7	5
Marion	5,468	23.3	5,232	25.9	12.9	60
Marshall	210	48.1	382	47.4	23.4	3
Martin	87	34.5	84	51.2	26.1	2
Miami	89	50.6	246	37.0	13.0	0
Monroe	331	47.7	480	38.8	17.1	1
Montgomery	90	25.6	185	41.1	11.4	2
Morgan	513	26.3	451	27.7	16.7	0
Newton	96	43.8	92	41.3	20.4	0
Noble	176	61.9	250	59.2	23.1	3
Ohio	20	65.0	43	53.5	25.9	1
Orange	185	26.5	315	37.1	33.7	1
Owen	224	40.6	354	17.5	33.1	0
Parke	138	43.5	216	25.5	29.7	0
Perry	82	26.8	108	43.5	13.9	2
Pike	39	38.5	80	41.3	15.7	0
Porter	494	37.4	988	59.8	21.8	0
Posey	121	32.2	149	37.6	13.0	1
Pulaski	68	52.9	127	34.6	22.1	0
Putnam	205	31.7	217	24.4	16.8	2
Randolph	71	59.2	132	70.5	19.2	1
Ripley	139	33.8	268	45.9	24.2	1
Rush	151	43.7	224	33.9	28.1	0
Saint Joseph	955	39.0	1,359	35.5	13.7	12
Scott	186	42.5	310	48.4	39.3	1
Shelby	347	36.6	436	24.1	21.1	0
Spencer	111	19.8	161	28.0	12.6	1
Starke	140	49.3	174	39.1	21.5	0
Steuben	116	50.9	253	47.0	24.8	3
Sullivan	92	35.9	185	37.8	21.3	1
Switzerland	60	50.0	76	50.0	32.5	0
Tippecanoe	715	30.9	1,102	44.1	25.8	5
Tipton	88	52.3	80	46.3	19.7	2
Union	38	50.0	40	65.0	23.1	0
Vanderburgh	904	35.5	1,270	45.0	22.6	20
Vermillion	76	30.3	134	38.1	17.7	0
Vigo	641	34.9	1,012	36.5	24.3	5
Wabash	184	41.8	140	37.9	14.1	0
Warren	45	40.0	68	63.2	28.5	1
Warrick	297	21.5	336	22.3	10.9	1
Washington	186	25.8	198	35.4	18.2	1
Wayne	544	35.5	734	38.8	26.3	2
Wells	146	53.4	274	40.1	25.5	0
White	98	17.3	99	24.2	6.5	1
Whitley	62	50.0	73	69.9	10.4	0
Indiana	**29,340**	**36.0**	**40,118**	**39.2**	**18.1**	**287**

6. Education, I. School Year 1994-95

County	No. Students Enrolled in All Grades 1994-95	% Retained in Grade 1994-95	Students Enrolled in Grades 7-12 1994-95	Dropouts from Grades 7-12		% High-School Graduates 1994-95
				Number of Students Dropped Out	Annual Dropout Rate: % of Students Enrolled	
Adams	5,185	0.0	2,574	69	2.7	85.9
Allen	49,082	2.0	22,243	549	2.5	85.9
Bartholomew	11,172	0.9	5,304	130	2.5	86.1
Benton	2,193	0.7	1,084	21	1.9	88.3
Blackford	2,390	0.8	1,106	26	2.4	86.5
Boone	7,476	1.4	3,281	42	1.3	92.1
Brown	2,420	1.8	1,149	45	3.9	78.6
Carroll	2,873	0.4	1,274	42	3.3	80.8
Cass	7,018	1.1	3,373	96	2.8	84.3
Clark	14,367	0.7	6,831	209	3.1	81.2
Clay	4,701	0.9	2,174	65	3.0	83.9
Clinton	6,327	1.2	2,861	70	2.4	85.8
Crawford	1,884	1.1	883	42	4.8	73.8
Daviess	4,372	0.7	1,947	88	4.5	77.1
Dearborn	8,355	1.2	4,031	68	1.7	90.4
Decatur	4,500	1.1	2,281	78	3.4	81.0
DeKalb	7,352	0.4	3,501	173	4.9	74.6
Delaware	18,057	0.9	8,470	309	3.6	79.8
Dubois	7,129	0.7	3,269	50	1.5	91.1
Elkhart	29,629	1.0	12,585	575	4.6	75.2
Fayette	4,594	1.0	2,266	110	4.9	73.9
Floyd	11,119	1.1	5,101	209	4.1	76.2
Fountain	3,272	0.6	1,516	33	2.2	88.3
Franklin	2,776	0.5	1,328	65	4.9	73.7
Fulton	2,719	1.0	1,264	22	1.7	89.2
Gibson	5,427	0.9	2,577	65	2.5	84.5
Grant	11,960	0.9	5,359	96	1.8	89.0
Greene	5,953	1.4	2,818	65	2.3	88.0
Hamilton	25,783	0.5	11,084	184	1.7	89.6
Hancock	9,351	0.6	4,475	61	1.4	91.9
Harrison	5,996	1.1	2,895	68	2.3	86.6
Hendricks	15,650	0.5	7,389	96	1.3	92.1
Henry	8,635	1.6	4,084	117	2.9	84.9
Howard	14,300	1.2	6,555	125	1.9	89.1
Huntington	6,930	0.5	3,260	90	2.8	83.9
Jackson	6,509	2.0	3,233	91	2.8	84.1
Jasper	4,724	1.0	2,334	70	3.0	82.8
Jay	4,045	0.9	1,899	45	2.4	85.3
Jefferson	4,882	1.7	2,276	112	4.9	72.7
Jennings	4,554	2.4	2,133	61	2.9	84.1
Johnson	18,266	0.8	8,405	143	1.7	89.9
Knox	6,411	1.1	2,932	81	2.8	83.9
Kosciusko	14,281	1.3	6,602	195	3.0	82.6
Lagrange	6,309	0.6	2,545	77	3.0	81.2
Lake	86,792	2.7	42,027	1,045	2.5	85.7

6. Education, I. School Year 1994-95, cont.

County	No. Students Enrolled in All Grades 1994-95	% Retained in Grade 1994-95	Students Enrolled in Grades 7-12 1994-95	Dropouts from Grades 7-12		% High-School Graduates 1994-95
				Number of Students Dropped Out	Annual Dropout Rate: % of Students Enrolled	
LaPorte	18,257	1.9	8,459	296	3.5	80.6
Lawrence	7,483	2.1	3,488	144	4.1	76.6
Madison	21,058	1.8	10,136	284	2.8	84.1
Marion	122,886	2.3	52,143	2,279	4.4	75.6
Marshall	7,932	0.9	3,669	109	3.0	82.1
Martin	1,964	1.1	896	17	1.9	89.4
Miami	7,689	1.6	3,655	114	3.1	82.0
Monroe	13,236	0.8	6,111	239	3.9	78.7
Montgomery	6,238	1.1	2,804	82	2.9	82.9
Morgan	11,025	0.8	5,144	240	4.7	74.0
Newton	2,837	1.3	1,361	48	3.5	81.6
Noble	7,632	0.9	3,352	100	3.0	82.9
Ohio	1,016	2.2	480	12	2.5	85.0
Orange	3,452	0.3	1,633	42	2.6	85.1
Owen	3,012	1.9	1,373	38	2.8	82.9
Parke	2,674	0.8	1,183	42	3.6	79.6
Perry	3,513	0.5	1,686	38	2.3	87.1
Pike	2,073	1.0	963	41	4.3	75.0
Porter	25,323	0.6	12,391	187	1.5	91.1
Posey	4,843	0.9	2,328	53	2.3	86.2
Pulaski	2,616	0.3	1,175	26	2.2	87.2
Putnam	6,523	1.7	2,938	74	2.5	86.3
Randolph	5,103	1.8	2,458	84	3.4	81.0
Ripley	5,104	0.7	2,328	56	2.4	86.1
Rush	2,909	1.2	1,445	78	5.4	70.6
Saint Joseph	38,674	1.0	17,651	630	3.6	81.2
Scott	4,053	1.4	1,892	69	3.6	80.1
Shelby	7,839	1.0	3,609	68	1.9	88.5
Spencer	3,803	0.6	1,808	28	1.5	91.1
Starke	4,459	1.3	2,075	108	5.2	72.0
Steuben	4,752	0.2	2,114	48	2.3	86.1
Sullivan	3,613	0.6	1,752	53	3.0	82.6
Switzerland	1,603	1.6	751	17	2.3	85.7
Tippecanoe	17,857	0.9	7,861	169	2.1	87.1
Tipton	2,963	0.9	1,429	45	3.1	82.0
Union	1,473	1.4	724	6	0.8	95.7
Vanderburgh	23,679	1.0	10,770	521	4.8	74.0
Vermillion	3,057	2.1	1,506	61	4.1	77.6
Vigo	16,885	0.6	7,399	350	4.7	73.1
Wabash	6,449	1.4	3,150	82	2.6	84.3
Warren	1,296	1.4	602	9	1.5	90.4
Warrick	9,013	1.5	4,356	135	3.1	82.3
Washington	4,591	2.4	2,249	86	3.8	78.8
Wayne	12,330	0.9	5,742	169	2.9	82.2
Wells	5,292	1.6	2,472	62	2.5	85.2
White	5,575	0.4	2,615	51	2.0	88.6
Whitley	4,983	0.4	2,260	46	2.0	88.6
Indiana	**968,357**	**1.4**	**444,989**	**13,609**	**3.1**	**82.6**

7. Education, II

County	Number of High School Graduates 1993-94	% Intending to Pursue Postsecondary Education, 1993-94			% Ages 16-19 Not H.S. Grads & Not in Educational Program 1990
		4-year College	Vocational/ Technical School	All Types of Postsecondary Education	
Adams	372	46.0	7.8	62.4	22.3
Allen	2,824	55.1	11.7	75.1	10.2
Bartholomew	695	52.9	6.0	73.5	12.4
Benton	146	41.8	9.6	66.4	8.1
Blackford	130	45.4	8.5	66.1	11.0
Boone	485	59.2	10.7	74.8	7.5
Brown	156	37.2	3.9	44.9	10.7
Carroll	185	48.6	16.8	75.1	6.7
Cass	521	40.3	9.4	57.8	14.5
Clark	863	44.0	6.7	57.6	13.4
Clay	278	50.4	11.2	68.0	9.5
Clinton	360	44.2	11.4	63.1	14.1
Crawford	114	38.6	21.9	66.7	23.5
Daviess	266	31.6	3.8	66.9	25.7
Dearborn	544	53.1	7.0	67.1	10.6
Decatur	330	39.7	10.9	59.7	14.2
DeKalb	501	49.1	4.8	60.3	14.2
Delaware	1,189	55.9	7.2	66.5	6.2
Dubois	430	56.7	7.4	82.1	5.3
Elkhart	1,463	53.8	4.0	69.0	19.0
Fayette	285	34.4	2.5	58.6	16.8
Floyd	624	60.9	3.0	65.4	9.3
Fountain	219	41.1	10.5	68.5	8.5
Franklin	186	41.9	3.8	54.3	11.4
Fulton	161	48.4	11.2	69.6	10.5
Gibson	330	40.9	3.6	63.3	6.0
Grant	679	37.0	6.5	55.1	10.3
Greene	362	37.0	9.1	61.6	14.0
Hamilton	1,377	71.8	3.6	81.2	6.6
Hancock	621	56.8	10.0	76.6	9.3
Harrison	357	45.4	7.3	58.8	11.8
Hendricks	934	57.0	11.4	78.6	10.3
Henry	538	53.5	9.7	75.8	9.5
Howard	913	55.5	6.6	68.3	10.2
Huntington	404	44.1	14.4	89.4	12.4
Jackson	417	46.5	7.2	63.3	10.5
Jasper	301	50.8	12.0	78.7	4.7
Jay	279	52.0	6.8	71.3	16.8
Jefferson	323	42.1	10.5	61.6	8.2
Jennings	232	45.3	6.0	62.1	11.8
Johnson	1,075	57.3	9.3	77.0	13.2
Knox	351	21.9	2.0	76.1	6.4
Kosciusko	780	45.4	8.0	61.8	12.4
Lagrange	293	40.6	10.6	66.9	42.1
Lake	5,151	51.6	7.4	67.1	9.4

7. Education, II, cont.

County	Number of High School Graduates 1993-94	% Intending to Pursue Postsecondary Education, 1993-94			% Ages 16-19 Not H.S. Grads & Not in Educational Program 1990
		4-year College	Vocational/ Technical School	All Types of Postsecondary Education	
LaPorte	1,089	46.4	7.1	70.0	11.4
Lawrence	480	34.8	7.1	58.1	16.1
Madison	1,320	47.9	11.7	77.1	10.1
Marion	5,344	52.5	7.9	69.2	17.3
Marshall	426	42.0	7.8	67.4	14.9
Martin	112	19.6	11.6	61.6	11.9
Miami	506	50.4	6.1	64.8	9.7
Monroe	738	58.1	6.2	71.0	4.5
Montgomery	409	42.3	10.5	62.1	9.3
Morgan	617	38.4	7.1	53.7	13.1
Newton	179	40.2	17.3	65.9	12.5
Noble	418	35.9	7.4	52.9	15.9
Ohio	56	33.9	7.1	53.6	8.1
Orange	232	43.1	8.2	62.9	15.7
Owen	180	37.2	6.1	58.9	11.2
Parke	167	40.7	11.4	59.9	7.6
Perry	235	40.3	5.1	59.2	13.6
Pike	108	34.3	1.9	52.8	16.9
Porter	1,759	49.3	4.8	59.6	7.2
Posey	305	54.7	11.5	69.2	12.5
Pulaski	170	47.7	4.7	62.3	14.7
Putnam	398	36.4	7.8	54.3	6.0
Randolph	316	42.7	14.2	72.1	11.2
Ripley	317	38.5	5.7	57.1	9.1
Rush	194	38.1	16.5	62.4	9.8
Saint Joseph	2,121	52.4	6.2	66.5	11.1
Scott	245	35.1	4.5	46.1	17.0
Shelby	498	41.8	5.2	55.8	15.5
Spencer	254	59.1	7.1	74.4	9.8
Starke	276	27.9	9.1	53.6	17.0
Steuben	257	48.2	4.7	64.2	6.2
Sullivan	241	36.1	1.2	50.6	7.0
Switzerland	89	28.1	15.7	47.2	13.5
Tippecanoe	988	61.3	3.1	69.8	3.5
Tipton	201	49.8	10.0	66.7	10.1
Union	82	36.6	12.2	48.8	6.5
Vanderburgh	1,368	51.3	13.5	68.5	11.8
Vermillion	196	29.6	9.2	50.0	9.1
Vigo	1,001	53.9	12.8	71.6	9.7
Wabash	414	42.0	9.7	62.6	10.3
Warren	105	41.9	22.9	68.6	7.3
Warrick	556	65.1	9.2	83.8	9.0
Washington	249	40.2	5.2	47.4	16.2
Wayne	711	39.2	6.5	51.6	13.2
Wells	337	46.0	9.2	62.0	9.3
White	335	49.3	14.6	77.3	8.9
Whitley	352	47.4	17.3	74.1	12.1
Indiana	**55,995**	**49.6**	**8.1**	**67.4**	**11.4**

8. Live Births, 1993

County	Total Live Births	Live Births, 1993			% of All Births that were Nonmarital	% of Infants Born at Low Birthweight
		Mothers Ages 10-14	Mothers Ages 15-17	Mothers Ages 18-19		
Adams	548	0	12	26	12.2	7.5
Allen	4,887	14	234	396	32.2	6.9
Bartholomew	968	4	49	91	24.3	5.6
Benton	143	0	4	11	15.4	7.0
Blackford	179	0	12	24	32.4	5.0
Boone	595	0	26	41	17.5	5.5
Brown	187	0	9	16	18.2	4.8
Carroll	264	0	6	23	20.5	4.9
Cass	504	1	28	63	32.9	5.8
Clark	1,229	0	63	129	33.0	8.1
Clay	329	1	21	35	24.6	5.8
Clinton	454	1	22	59	24.7	4.8
Crawford	126	0	10	22	33.3	7.1
Daviess	442	0	13	30	17.9	5.0
Dearborn	549	1	22	45	22.2	5.5
Decatur	343	0	21	43	18.4	5.5
DeKalb	546	1	19	48	23.4	6.4
Delaware	1,411	4	56	161	35.4	8.1
Dubois	553	0	8	37	15.7	5.8
Elkhart	2,722	4	114	232	29.6	7.1
Fayette	306	0	28	48	35.3	6.2
Floyd	959	4	56	88	32.6	8.7
Fountain	231	1	4	18	24.2	4.3
Franklin	262	1	12	28	17.9	6.5
Fulton	290	0	14	25	23.4	4.5
Gibson	427	1	21	35	24.6	7.7
Grant	987	0	55	129	40.2	7.2
Greene	420	0	18	44	22.9	5.5
Hamilton	2,037	0	25	77	10.1	4.8
Hancock	613	1	15	45	18.3	8.6
Harrison	403	0	18	31	21.8	7.4
Hendricks	1,043	1	21	53	15.7	6.6
Henry	594	0	28	72	26.8	5.6
Howard	1,300	5	82	140	33.8	6.8
Huntington	506	1	26	37	25.1	5.3
Jackson	583	2	28	57	23.3	6.9
Jasper	378	1	19	36	24.1	6.9
Jay	338	1	9	34	23.7	5.6
Jefferson	420	1	22	50	31.4	9.0
Jennings	390	1	22	46	29.0	4.6
Johnson	1,305	1	31	97	18.9	6.4
Knox	464	0	23	54	28.4	6.5
Kosciusko	1,064	1	45	94	23.0	3.7
Lagrange	653	0	14	26	11.0	6.0
Lake	7,481	24	496	720	44.2	8.0

8. Live Births, 1993, cont.

County	Total Live Births	Live Births, 1993			% of All Births that were Nonmarital	% of Infants Born at Low Birthweight
		Mothers Ages 10-14	Mothers Ages 15-17	Mothers Ages 18-19		
LaPorte	1,462	2	94	148	34.3	6.9
Lawrence	605	2	43	55	28.8	5.5
Madison	1,711	2	96	188	37.9	7.1
Marion	14,342	57	833	1,332	40.4	8.8
Marshall	612	1	11	50	22.5	5.1
Martin	135	1	6	13	26.7	0.7
Miami	592	1	28	73	25.5	6.6
Monroe	1,205	0	44	74	24.0	6.9
Montgomery	511	0	8	47	19.0	6.3
Morgan	855	3	33	74	23.5	6.5
Newton	165	1	4	16	27.9	6.7
Noble	646	1	30	66	24.6	6.7
Ohio	57	0	2	3	17.5	10.5
Orange	245	0	21	30	28.2	7.3
Owen	251	2	14	28	27.1	8.8
Parke	192	0	9	24	26.6	7.8
Perry	210	0	12	23	21.9	6.2
Pike	142	0	7	15	25.4	4.2
Porter	1,658	0	49	123	21.9	6.1
Posey	346	0	9	23	17.6	5.2
Pulaski	194	0	11	20	28.4	4.1
Putnam	419	0	14	44	18.1	3.3
Randolph	370	0	21	40	28.6	5.4
Ripley	377	0	13	39	23.3	6.1
Rush	271	0	8	24	17.3	3.7
Saint Joseph	3,856	12	246	309	36.8	7.4
Scott	322	1	25	39	26.1	8.4
Shelby	586	0	21	42	23.2	6.3
Spencer	250	2	10	13	18.4	5.2
Starke	305	0	20	38	28.5	6.9
Steuben	420	0	16	46	29.8	5.5
Sullivan	222	0	10	25	23.9	5.9
Switzerland	85	0	6	9	29.4	8.2
Tippecanoe	1,861	2	45	129	23.1	6.3
Tipton	209	1	7	18	26.3	3.3
Union	74	0	2	12	18.9	6.8
Vanderburgh	2,353	9	132	196	33.3	7.5
Vermillion	227	0	12	25	30.0	7.0
Vigo	1,464	6	72	146	32.7	7.2
Wabash	407	0	13	53	25.6	3.2
Warren	105	0	3	8	23.8	5.7
Warrick	621	0	17	50	17.2	6.6
Washington	308	0	16	37	28.6	5.5
Wayne	1,008	2	50	132	36.0	6.7
Wells	353	0	11	24	17.0	5.4
White	316	1	15	23	25.6	6.0
Whitley	397	0	12	31	22.2	4.5
Indiana	**83,755**	**187**	**4,062**	**7,593**	**30.8**	**7.0**

9. Infant and Child Health; Infant Mortality

County	% Mothers Receiving Prenatal Care in 1st Trimester 1993	% Children Fully Immunized		
		At Age Two		At School Entry (1994-95)
		1994	1995	
Adams	64.1	74	87	99
Allen	76.1	26	26	95
Bartholomew	90.5	88	60	99
Benton	88.1	72	90	98
Blackford	79.3	83	85	98
Boone	77.1	89	90	99
Brown	79.1	77	87	97
Carroll	82.2	91	[illegible]	96
Cass	83.7	66	[illegible]	98
Clark	80.6	64	61	97
Clay	80.2	67	84	97
Clinton	74.4	66	81	98
Crawford	79.4	54	80	96
Daviess	65.2	59	68	98
Dearborn	85.6	93	89	99
Decatur	77.6	74	92	99
DeKalb	78.4	N.A.	N.A.	98
Delaware	85.0	94	92	97
Dubois	90.1	69	82	99
Elkhart	72.4	72	88	94
Fayette	77.1	79	90	95
Floyd	86.8	79	81	97
Fountain	83.1	61	74	98
Franklin	78.2	81	88	98
Fulton	82.4	70	88	97
Gibson	85.5	74	77	98
Grant	73.5	71	79	97
Greene	75.2	87	75	98
Hamilton	88.1	95	96	99
Hancock	88.9	83	91	99
Harrison	83.1	82	89	98
Hendricks	83.9	75	97	99
Henry	87.2	90	96	98
Howard	74.1	43	64	99
Huntington	81.8	75	70	99
Jackson	82.5	76	78	99
Jasper	83.6	78	89	97
Jay	78.4	N.A.	N.A.	99
Jefferson	73.6	77	83	96
Jennings	84.4	82	87	95
Johnson	84.1	85	90	98
Knox	77.8	76	85	98
Kosciusko	70.4	76	81	95
Lagrange	51.1	39	43	94
Lake	76.1	33	54	95

9. Infant and Child Health; Infant Mortality, cont.

County	% Mothers Receiving Prenatal Care in 1st Trimester 1993	% Children Fully Immunized		
		At Age Two		At School Entry (1994-95)
		1994	1995	
LaPorte	78.8	69	58	93
Lawrence	74.7	77	92	96
Madison	80.4	89	94	96
Marion	75.3	39	76	95
Marshall	76.3	82	83	97
Martin	73.3	28	38	94
Miami	82.3	84	80	96
Monroe	80.2	86	67	97
Montgomery	82.2	78	88	98
Morgan	79.9	85	95	97
Newton	82.4	42	42	97
Noble	77.4	56	72	92
Ohio	78.9	78	76	100
Orange	74.3	40	100	96
Owen	76.9	80	76	96
Parke	76.6	46	71	97
Perry	80.5	62	71	96
Pike	78.9	55	83	100
Porter	82.8	22	60	95
Posey	85.5	58	70	99
Pulaski	79.4	79	74	100
Putnam	88.1	19	71	97
Randolph	84.6	84	93	99
Ripley	72.7	90	74	96
Rush	84.1	95	96	99
Saint Joseph	79.1	64	62	96
Scott	71.7	67	64	96
Shelby	85.3	96	92	98
Spencer	84.4	75	87	99
Starke	76.7	49	48	93
Steuben	71.0	65	73	97
Sullivan	81.5	56	60	94
Switzerland	69.4	64	56	97
Tippecanoe	86.0	69	83	99
Tipton	82.8	37	84	99
Union	82.4	77	88	97
Vanderburgh	82.9	64	64	96
Vermillion	78.4	83	94	97
Vigo	78.0	53	58	96
Wabash	78.9	38	72	97
Warren	82.9	see Fountain Co.	see Fountain Co.	99
Warrick	89.7	77	95	98
Washington	77.9	76	75	98
Wayne	71.5	66	75	98
Wells	79.3	89	94	99
White	81.3	77	94	97
Whitley	81.4	63	86	100
Indiana	**78.6**	**59**	**73**	**96**

10. FBI Uniform Crime Report, 1993

County	Total Juvenile Arrests Reported	Data Missing?	Violent Crime Arrests Reported	Weapons Offense Arrests Reported
Adams	129	yes	8	0
Allen	2,476	no	239	105
Bartholomew	no data	–	–	–
Benton	11	yes	0	0
Blackford	58	no	1	0
Boone	no data	–	–	–
Brown	no data	–	–	–
Carroll	9	yes	0	0
Cass	500	yes	10	1
Clark	397	yes	5	0
Clay	19	yes	1	0
Clinton	12	yes	0	0
Crawford	no data	–	–	–
Daviess	no data	–	–	–
Dearborn	15	yes	0	0
Decatur	42	yes	0	0
DeKalb	197	yes	10	0
Delaware	20	yes	0	0
Dubois	206	yes	6	1
Elkhart	2,277	yes	47	22
Fayette	179	yes	1	2
Floyd	505	yes	23	4
Fountain	no data	–	–	–
Franklin	no data	–	–	–
Fulton	no data	–	–	–
Gibson	0	yes	0	0
Grant	352	yes	5	4
Greene	0	yes	0	0
Hamilton	835	yes	6	1
Hancock	152	yes	5	1
Harrison	70	yes	0	0
Hendricks	93	yes	5	0
Henry	210	yes	1	0
Howard	1,060	no	38	6
Huntington	391	no	7	1
Jackson	no data	–	–	–
Jasper	24	yes	2	0
Jay	71	yes	4	0
Jefferson	0	yes	0	0
Jennings	124	no	2	0
Johnson	429	yes	11	7
Knox	106	yes	1	0
Kosciusko	337	yes	0	0
Lagrange	no data	–	–	–
Lake	4,233	yes	146	69

10. FBI Uniform Crime Report, 1993, cont.

County	Total Juvenile Arrests Reported	Data Missing?	Violent Crime Arrests Reported	Weapons Offense Arrests Reported
LaPorte	1,837	yes	47	12
Lawrence	230	yes	5	2
Madison	1,001	yes	55	14
Marion	9,068	no	778	128
Marshall	19	yes	0	0
Martin	0	yes	0	0
Miami	no data	–	–	–
Monroe	433	yes	25	1
Montgomery	324	no	3	1
Morgan	129	yes	1	1
Newton	12	no	0	1
Noble	22	yes	0	1
Ohio	no data	–	–	–
Orange	no data	–	–	–
Owen	no data	–	–	–
Parke	no data	–	–	–
Perry	115	yes	0	0
Pike	5	yes	1	0
Porter	1,287	no	43	6
Posey	86	yes	0	5
Pulaski	1	no	1	0
Putnam	12	yes	0	0
Randolph	10	yes	0	0
Ripley	6	yes	0	0
Rush	0	yes	0	0
Saint Joseph	2,772	yes	187	19
Scott	41	yes	0	0
Shelby	no data	–	–	–
Spencer	4	yes	0	0
Starke	no data	–	–	–
Steuben	369	yes	17	0
Sullivan	no data	–	–	–
Switzerland	no data	–	–	–
Tippecanoe	1,089	yes	8	1
Tipton	no data	–	–	–
Union	no data	–	–	–
Vanderburgh	1,528	no	113	25
Vermillion	no data	–	–	–
Vigo	1,276	yes	39	5
Wabash	137	no	3	3
Warren	no data	–	–	–
Warrick	7	yes	0	0
Washington	no data	–	–	–
Wayne	903	yes	9	7
Wells	254	no	19	0
White	65	no	0	0
Whitley	no data	–	–	–
Indiana	**38,581**	**yes**	**1,938**	**456**

11. Juvenile Justice

County	Indiana Judicial Report Juvenile Case Filings, 1994					Commitments to Indiana Dept. of Correction, 1995	
	CHINS	Delinquency	Status	Paternity	Misc.	Boys	Girls
Adams	17	113	27	77	4	5	1
Allen	671	617	74	1,358	3,887	113	18
Bartholomew	64	234	0	97	75	25	12
Benton	9	19	0	11	1	0	0
Blackford	13	23	0	45	0	4	3
Boone	16	45	3	30	85	0	0
Brown	17	25	10	16	9	0	2
Carroll	3	51	6	21	49	6	0
Cass	36	87	5	80	134	5	4
Clark	102	166	46	120	1,144	19	12
Clay	15	96	52	66	5	1	0
Clinton	5	86	17	45	10	16	5
Crawford	11	26	0	11	32	0	0
Daviess	31	89	0	54	14	2	1
Dearborn	31	212	0	61	1	0	0
Decatur	5	39	0	47	78	2	1
DeKalb	121	164	63	85	10	9	5
Delaware	346	327	239	293	198	12	7
Dubois	49	52	13	44	2	4	5
Elkhart	534	560	374	284	198	28	8
Fayette	45	191	28	35	3	3	1
Floyd	127	158	0	133	134	21	2
Fountain	7	23	1	26	89	2	0
Franklin	19	0	0	19	3	2	2
Fulton	14	28	0	31	56	1	1
Gibson	27	16	2	57	118	2	0
Grant	60	222	18	193	1,067	26	9
Greene	59	117	0	61	4	1	0
Hamilton	44	575	123	101	27	2	1
Hancock	22	32	0	61	45	2	3
Harrison	23	37	57	35	2	7	1
Hendricks	8	328	169	107	2	12	2
Henry	46	93	0	101	31	4	0
Howard	30	207	75	178	24	25	15
Huntington	21	80	0	87	3	2	0
Jackson	32	68	28	60	1	8	5
Jasper	20	30	9	45	1	0	0
Jay	19	49	22	33	7	3	0
Jefferson	11	50	21	75	17	0	0
Jennings	28	16	0	55	9	0	0
Johnson	47	312	31	152	3	10	4
Knox	29	106	0	57	111	0	0
Kosciusko	28	97	2	177	4	22	6
Lagrange	32	158	0	34	0	0	0
Lake	814	1,906	1	1,224	779	59	15

11. Juvenile Justice, cont.

County	Indiana Judicial Report Juvenile Case Filings, 1994					Commitments to Indiana Dept. of Correction, 1995	
	CHINS	Delinquency	Status	Paternity	Misc.	Boys	Girls
LaPorte	75	172	0	265	271	12	1
Lawrence	28	133	39	86	347	10	5
Madison	140	593	307	374	296	30	11
Marion	641	4,571	1,408	4,223	248	623	208
Marshall	38	103	67	89	159	9	7
Martin	6	40	14	21	46	1	0
Miami	32	68	18	75	5	10	1
Monroe	66	246	15	142	130	0	2
Montgomery	14	92	0	60	4	3	0
Morgan	30	199	28	108	38	7	8
Newton	35	90	0	20	1	0	0
Noble	18	102	0	90	13	15	2
Ohio	6	61	0	4	0	0	0
Orange	8	42	18	56	0	4	3
Owen	25	58	0	18	1	2	0
Parke	19	45	0	36	3	1	0
Perry	19	24	5	13	57	2	0
Pike	20	5	12	29	5	0	0
Porter	138	404	0	259	14	18	6
Posey	9	42	9	27	0	0	0
Pulaski	0	47	16	35	2	0	0
Putnam	21	186	24	73	0	6	5
Randolph	30	20	11	30	39	2	2
Ripley	7	34	2	46	2	0	0
Rush	13	53	0	27	68	0	2
Saint Joseph	210	725	40	716	30	81	37
Scott	30	56	0	46	34	6	2
Shelby	19	118	26	58	92	7	2
Spencer	6	17	0	28	33	0	0
Starke	8	55	4	33	1	7	4
Steuben	28	82	16	85	35	4	0
Sullivan	19	25	0	24	3	1	3
Switzerland	6	23	5	13	4	0	0
Tippecanoe	104	155	59	134	12	18	6
Tipton	3	23	1	7	12	4	0
Union	6	3	0	8	0	0	0
Vanderburgh	213	416	37	470	189	73	17
Vermillion	6	2	0	25	14	0	0
Vigo	80	492	135	326	147	31	7
Wabash	11	160	4	65	112	8	0
Warren	2	15	3	4	5	1	0
Warrick	13	99	0	58	2	11	4
Washington	29	76	0	23	46	0	0
Wayne	107	112	12	102	162	27	10
Wells	31	39	20	59	94	2	2
White	9	21	10	30	61	1	0
Whitley	11	63	11	45	0	3	3
Indiana	**6,097**	**18,136**	**3,892**	**14,547**	**11,313**	**1,505**	**511**

Kids Count in Indiana Publications

Indiana Youth Institute
3901 N. Meridian Street, Suite 200 , Indianapolis, Indiana 46208-4046
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Kids, Crime, and Court: The Juvenile Justice System in Indiana by Doreen L. Smith. Indiana Youth Institute, 1994. Single copies, $5.00 plus $3.00 postage and handling.

A basic primer describing the complexity of Indiana's juvenile justice system. Provides an overview of the processes of intake, detention, adjudication, and disposition of cases involving children younger than age 18. Summarizes background information about young people committed to the Indiana Department of Correction.

Juvenile Justice in Indiana: Facing the Issues by Doreen L. Smith. Indiana Youth Institute, 1995. Single copies, $10.00 plus $3.00 postage and handling.

Examines problems facing Indiana's fragmented juvenile justice system. Draws together recommendations of many committees and task forces that have confronted the problems and examined solutions.

Juvenile Justice in Indiana: Facing What Works and What Doesn't by Doreen L. Smith. Indiana Youth Institute, 1996. Single copies, $7.50 plus $3.00 postage and handling.

Provides an overview of approaches to prevention and rehabilitation of young people in the juvenile justice system. Examines characteristics of successful and unsuccessful programs.

Kids Count in Indiana 1996 Data Book by Judith B. Erickson. Indiana Youth Institute, 1996. Single copies $12.00 plus $3.00 postage and handling

A review of statistical indicators of the well-being of Indiana's children, youth and their families. Covers demographics, education, child abuse and neglect, education, health and high-risk adolescent behaviors. Also provides statistics for each of the state's 92 counties.

Children's Agenda Poster/Leaflets (Available free while supplies last)

Aren't you sick of it? poster

17"x22" Poster drawing attention to the need for a Children's Agenda in Indiana.

Children's Agenda brochure

Brochure explains the Children's Agenda campaign and outlines the 10 Blueprints for Healthy Development.

Blueprint leaflets series

A series of 10 leaflets that focus on each of the 10 Blueprints for Healthy Development. *These leaflets will be released serially throughout the summer and fall of 1996. If you wish to receive the full series, call IYI and ask to be placed on the Children's Agenda mailing list.*

National KIDS COUNT Publications

Available from The Annie E. Casey Foundation, 701 St. Paul Street, Baltimore, MD 21202 (Tel. 410/223-2890).

1996 KIDS COUNT Data Book: State Profiles of Child Well-Being, The Annie E. Casey Foundation, Baltimore, MD, 1996. Data are summarized in the *KIDS COUNT Pocket Guide* and the *KIDS COUNT Data Sheet.*

Uses the best available data to measure the educational, social, economic, and physical well-being of the nation's children. KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. The introductory essay examines the plight of children in working poor households.

KIDS COUNT Data on Asian, Native American, and Hispanic Children: Findings From the 1990 Census, The Annie E. Casey Foundation, Baltimore, MD, 1995.

National and state-by-state summary of demographic, economic, and education data for children of color from the 1990 U.S. Census.

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10 Blueprints for Healthy Development

The Indiana Youth Institute's blueprints for healthy development of all Indiana's children are based on the premise that every child in Indiana deserves an equal opportunity to grow up in a safe, healthy, and nurturing environment.

Building a Healthy Body

Indiana's youth will be born at full term and normal birth weight to healthy mothers. They will receive a well-balanced diet in adequate supply to grow strong bodies to acceptable height for their age. They will be provided a balance of physical activity and rest in a safe and caring environment. They and their families will have access to good medical care and educational opportunities that will teach them how to abstain from health-endangering activities and engage in health-enhancing activities.

Building Positive Relationships

Indiana's children will experience love and care of parents and other significant adults. They will develop wholesome relationships while learning to work collaboratively with peers and adults.

Building Self-Acceptance

Indiana's children and youth will perceive themselves as lovable and capable; they will act with self-confidence, self-reliance, self-direction, and self-control. They will take pride in their accomplishments. As they develop self-esteem, they will have positive feelings about their own uniqueness as well as that of others.

Building Active Minds

Indiana's young people will have stimulating and nurturing environments that build on their individual experiences and expand their knowledge. Each young person will reach his or her own potential, gaining literacy and numeric skills that empower the lifelong process of asking questions, collecting and analyzing information, and formulating valid conclusions.

Building Spirit and Character

Indiana's young people will grow up learning to articulate values upon which to make ethical decisions and promote the common good. Within safe boundaries, children and youth will test limits and understand relationships between actions and consequences.

Building Creativity and Joy

Indiana's young people will have diverse opportunities to develop their talents in creative expression (e.g., music, dance, literature, visual arts, theater); to appreciate the creative talents of others; and to participate in recreational activities that inspire constructive, lifelong satisfaction.

Building a Caring Community

Indiana's communities will encourage their young people to see themselves as valued participants in community life. In addition to being recipients of services that express the communities' concerns for their safety and well-being, young citizens will become resources who will improve their surroundings, support the well-being of others, and participate in decisions that affect community life.

Building a Global Perspective

Indiana's children and youth will learn to see themselves as part of the global community, beyond ethnic, religious, racial, state, and national boundaries. In formal and nonformal educational experiences, they will have opportunities to become familiar with the history, political issues, languages, cultures, and ecosystems that affect global life and future well-being.

Building Economic Independence

Indiana's young people will be exposed to a variety of educational and employment experiences that will contribute to vocational and career options. Their formal and nonformal educational experiences will prepare them to make the transition from school to work, to contribute to the labor force, and to participate in an economic environment that will grow increasingly more complex and will require lifelong learning.

Building a Humane Environment

All children will have access to a physically safe environment, free from abuse, neglect, exploitation, and other forms of violence. They will have adequate housing and living conditions; safe neighborhoods; clean air, food, and water. Their environment will be free from toxins, drugs, alcohol, and tobacco. All children will have an opportunity to learn how to protect their environment for the future.

The Indiana Youth Institute
Working with adults who care about youth

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The Indiana Youth Institute was established in 1988 as an independent, nonprofit center. IYI is an intermediary agency serving the youth of Indiana by supporting adults who care about youth. It provides youth-serving adults and policymakers with research, training and advocacy. This publication is made possible in part by a KIDS COUNT grant from The Annie E. Casey Foundation.

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